International Labour Conference
63rd Session 1977

Report VI (I)

Employment
and Conditions of Work and Life
of Nursing Personnel

Sixth Item on the Agenda

International Labour Office  Geneva
The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country or territory or of its authorities, or concerning the delimitation of its frontiers.

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Labour Office of the opinions expressed in them.

ILO publications can be obtained through major booksellers or ILO local offices in many countries, or direct from ILO Publications, International Labour Office, CH-1211 Geneva 22, Switzerland. A catalogue or list of new publications will be sent free of charge from the above address.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>CHAPTER I: The Proceedings of the 61st Session of the Conference relating to Employment and Conditions of Work and Life of Nursing Personnel</strong></td>
<td>3</td>
</tr>
<tr>
<td>Extracts from the Report of the Conference Committee</td>
<td>3</td>
</tr>
<tr>
<td>Proposed Conclusions, Submitted by the Committee</td>
<td>59</td>
</tr>
<tr>
<td>Discussion by the Conference in Plenary Sitting</td>
<td>71</td>
</tr>
<tr>
<td><strong>CHAPTER II: Proposed Texts</strong></td>
<td>76</td>
</tr>
<tr>
<td>Proposed Recommendation concerning Employment and Conditions of Work and Life of Nursing Personnel</td>
<td>82</td>
</tr>
<tr>
<td>Annex: Suggestions concerning Application</td>
<td>93</td>
</tr>
<tr>
<td>Proposed Resolution concerning the Application of Certain International Labour Standards to Nursing Personnel</td>
<td>96</td>
</tr>
</tbody>
</table>
INTRODUCTION

On 22 June 1976 the International Labour Conference, meeting in Geneva at its 61st Session, adopted the following resolution:

The General Conference of the International Labour Organisation,

Having adopted the report of the Committee appointed to consider the seventh item on the agenda,

Having in particular approved as general conclusions, with a view to the consultation of governments, proposals for a Recommendation concerning the employment and conditions of work and life of nursing personnel;

Decides that an item entitled “Employment and Conditions of Work and Life of Nursing Personnel” shall be included in the agenda of its next Ordinary Session for a second discussion, with a view to the adoption of a Recommendation.

By virtue of this resolution and in accordance with article 39, paragraph 6, of the Standing Orders of the Conference, the Office is required to prepare, on the basis of the first discussion by the Conference, the text of a proposed Recommendation and to communicate it to governments so as to reach them not later than two months from the closing of the 61st Session of the Conference, asking them to state within three months whether they have any amendments to suggest or comments to make.

The purpose of the present report is to transmit to governments the text of the proposed Recommendation, based on the Conclusions adopted by the Conference at its 61st Session.

Governments are also invited to propose amendments to, or make comments on, the “Suggestions concerning Application”—which are appended to the proposed Recommendation—and the proposed resolution concerning the application of certain international labour standards to nursing personnel.

Governments are requested, in accordance with the Standing Orders of the Conference, to submit any amendments or comments with regard to the proposed texts as soon as possible and in any case so as to reach the Office in Geneva not later than 30 November 1976. Governments which have no amendments or comments to put forward are asked to inform the Office by the same date whether they consider that the proposed texts are a satisfactory basis for discussion by the Conference at its 63rd Session. Governments are requested to consult, before they finalise their replies, the representative organisations of employers and workers and to indicate which organisations they have consulted. The result of the consultation should be reflected in the governments’ replies; under the Standing Orders of the Conference, only replies of governments are taken into account in the preparation of the final report.
CHAPTER I

THE PROCEEDINGS OF THE 61st SESSION OF THE CONFERENCE RELATING TO EMPLOYMENT AND CONDITIONS OF WORK AND LIFE OF NURSING PERSONNEL

Extracts from the Report of the Conference Committee

1. The Committee on Nursing Personnel was set up by the Conference at its third sitting on 3 June 1976. It was originally composed of 104 members (50 Government members, 18 Employers’ members and 36 Workers’ members). In order to ensure equality of voting strength, 18 votes were allotted to each Government member, 50 votes to each Employers’ member and 25 votes to each Workers’ member. The composition of the Committee was subsequently modified five times and the number of votes allotted to each member was modified as a result.\(^1\)

2. The Committee elected its Officers as follows:

   **Chairman:** Mrs. Bajpai (Government member, India).

   **Vice-Chairmen:** Mr. Ola (Employers’ member, Nigeria) and Mr. Nyoike (Workers’ member, Kenya).

   **Reporter:** Miss Nash (Government member, United Kingdom).

3. The Committee held 18 sittings. It had before it Reports VII (1) and VII (2) prepared by the Office on the seventh item of the agenda of the Conference: Employment and Conditions of Work and Life of Nursing Personnel. The Committee based its discussions on the Proposed Conclusions contained in Report VII (2).

Introduction

5. The representative of the Secretary-General, in an introductory statement, stressed the increasing importance of nursing in the community; he mentioned in

\(^{1}\)The modifications were as follows:

- (a) 108 members (51 Government members with 38 votes each; 19 Employers’ members with 102 votes each; 38 Workers’ members with 51 votes each);
- (b) 108 members (54 Government members with 152 votes each; 16 Employers’ members with 216 votes each; 38 Workers’ members with 273 votes each);
- (c) 111 members (56 Government members with 78 votes each; 16 Employers’ members with 273 votes each; 39 Workers’ members with 112 votes each);
- (d) 110 members (56 Government members with 38 votes each; 16 Employers’ members with 133 votes each; 38 Workers’ members with 56 votes each);
- (e) 106 members (56 Government members with 34 votes each; 16 Employers’ members with 119 votes each; 34 Workers’ members with 56 votes each).
NURSING PERSONNEL

particular that the improvement of general living and health standards in member States had made it necessary for nursing personnel to have higher technical qualifications and a keener sense of devotion. At the same time, the demand for nursing personnel had expanded rapidly, especially in developing countries, where these personnel were a key element in health care. The intake to the profession had fallen short of requirements. Furthermore, it was recognised that the widespread dissatisfaction within the nursing profession was caused by general conditions of work and employment. This situation was also reflected outside the nursing profession by an aversion to nursing as a career.

6. Even before the Second World War, the ILO had had a special interest in the working conditions and career prospects of medical personnel in general, and nursing staff in particular. The Hours of Work (Hospitals, etc.) Recommendation (No. 39) had been adopted in 1930. In 1958 the ILO Advisory Committee on Salaried Employees and Professional Workers had also studied this problem and in 1967 it had requested that the question should be included in the agenda of a forthcoming session of the Conference. The next major step had been the convening of an ILO-WHO Joint Meeting on the Conditions of Work and Life of Nursing Personnel in 1973. At that meeting a series of conclusions forming a suggested code of practice had been adopted and it had been recommended that this code should be incorporated in an international instrument. In 1974 the Governing Body had authorised the Director-General to communicate this report to governments and, through them, to employers’ and workers’ organisations, calling for preliminary comments; at the same time, it had also been decided to include the question of the employment and conditions of work and life of nursing personnel in the agenda of the 1976 Session of the International Labour Conference.

7. The representative of the World Health Organisation (WHO) expressed appreciation on behalf of the Director-General of the WHO for the ILO’s interest and activities concerning nursing personnel. She hoped that the work of the Committee would provide guidelines to governments wishing to improve the conditions of work and life of this profession. The WHO shared the ILO’s concerns in this field.

8. Several Government members asked whether it would be possible to inform the Committee of those replies sent too late to be included in Report VII (2). The secretariat pointed out that it would be difficult at this stage to comply with this request; however, the representatives of the governments concerned would be able, during the discussion, to express their views and to inform the Committee of any comments made by the employers’ and workers’ organisations that might have been included with the replies. At the request of a Government member, the list of governments whose replies had arrived after the time limit was read out before the Committee.¹

¹The following Governments were concerned: Algeria, Australia, Bangladesh, Barbados, Burma, Colombia, Denmark, Ethiopia, France, Ghana (supplementary reply), Iraq, Italy, Ivory...
General Discussion

9. The Committee was unanimous in stressing the importance of the nursing profession; this was due to the expansion of health services in most countries, to the considerable number of persons employed in the nursing profession, to the essential role played by the nursing personnel throughout the life of each member of the community and to the extent of its responsibilities.

10. Many Government members of the Committee, as well as the Workers' members and several observers, emphasised that this profession was exercised in difficult conditions. They considered that steps should be taken to raise the living standard and working conditions of the personnel concerned. Nursing personnel were, by the very nature of their functions, subjected to long and inconvenient working hours, and their health and that of their immediate families were exposed to particular risks. Modern health care demanded personnel who had received a sound general education and suitable professional training and who had the opportunity of continuing education. These conditions, however, were far from being fulfilled universally. Nursing had therefore lost the attraction that it traditionally held and young people were reluctant to take up the profession. Qualified personnel were lacking everywhere and it was necessary sometimes to replace these by other less qualified staff. This situation naturally had unfortunate repercussions on the health of the population, especially in developing countries and among the poorer sections of the community.

11. It was therefore deemed necessary to have an international instrument, a code of good practice that would make the profession more attractive, by proposing a set of provisions to all countries regarding, especially, policy on nursing services and nursing personnel, the education and training of these personnel, conditions for the exercise of the profession, participation in decisions concerning nursing personnel, their remuneration, the length and organisation of their working time, and their protection in the field of health and social security.

12. A Government member, while recognising the vital role of the nursing profession, was opposed, in principle, to the adoption of any international instrument that was designed for specific categories of workers. The proliferation of such instruments would upset the equilibrium of an over-all social policy and adversely affect the labour market. According to another Government member, it was no doubt necessary to examine the situation of the nursing personnel at the international level, but ILO instruments should never refer to specific categories of workers; in any case, it was premature to adopt an international instrument on this problem. Another Government member, although accepting the principle of an instrument designed for one particular category, pointed out the difficulties that would arise in trying to apply such standards.

Coast, Jamaica, Japan (supplementary reply), Kenya, Morocco (supplementary reply), Netherlands Antilles (reply transmitted by the Government of the Netherlands), Nigeria, Pakistan, Singapore, Sri Lanka, Switzerland, Trinidad and Tobago, Tunisia, Uruguay.
13. The Employers' members also stressed the importance of the nursing profession. They nevertheless recalled the critical comments that had been submitted by the Employers' members of the Governing Body when the latter had studied the report of the ILO-WHO Joint Meeting on the Conditions of Work and Life of Nursing Personnel. At that time, serious reservations had been made with regard to the composition and conclusions of this meeting. The Employers' members also were concerned about the proliferation of international instruments aimed at specific categories of workers. Nursing personnel were already protected by numerous instruments of general scope. However, in the light of the governments' comments analysed in Report VII (2), the Employers' members were prepared to support an instrument, provided that it did not include provisions that were too detailed or rigid and that it dealt only with problems specific to the profession.

14. An observer mentioned that the instrument adopted should cover not only nurses but all nursing personnel. Another observer felt that nursing personnel could not be considered as a group apart from the rest of the medical personnel or from workers as a whole. Problems relating to other categories of medical personnel should be examined as soon as possible.

15. Two Government members also believed that a modern conception of health services was not compatible with sectoral or partial solutions that covered only the professional group of nursing personnel.

Examination of the Proposed Conclusions Contained in Report VII (2)

16. The Committee decided, at the request of the Employers' members, to examine the different Points of the Proposed Conclusions apart from the Suggestions concerning Application that were annexed to these Proposed Conclusions. The Suggestions would be examined later, provided that Point 73 of the Proposed Conclusions, which introduced the Suggestions, was itself adopted.

I. FORM OF THE INTERNATIONAL INSTRUMENT

Point 1

17. After having had a preliminary discussion regarding the form the instrument should take, the Committee decided to return to the question when the examination of the Proposed Conclusions had been concluded and the content of the proposed instrument had thereby been defined. (See below, paragraphs 302 and following.)

II. PREAMBLE

Point 2 and Proposed New Point (now Points 2 and 3) ¹

18. The Workers' members submitted an amendment which sought to recognise that the vital role of nursing personnel did not lie "in the protection and improve-

¹ The initial numbering of the Points is that given in Report VII (2) submitted to the 61st Session of the International Labour Conference. The revised numbering is that of the Conclusions as adopted by the Conference and reproduced following paragraph 331 below.
ment of the health and welfare of the population" but that it was "to ensure provision of a quality of nursing service appropriate to the needs of the community and acceptable to both the community and nursing and health personnel". The Workers’ members explained that it was important to recognise that the needs of the community should be harmonised with those of persons who were responsible for providing for these needs; it was indispensable that nursing personnel should accept the conditions under which they worked. The Employers’ members, for their part, had submitted an amendment that sought to introduce a new Point that would follow Point 2, worded as follows: "The Preamble should note that there is a need to expand health services through co-operation between governments, employers’ and workers’ organisations in order to ensure the provision of nursing services appropriate to the needs of the community." The Employers’ members believed that their proposal went much further than that of the Workers’ members because, while still retaining Point 2 in its present form, it covered three major aspects: the expansion of health services, the needs of the community, and tripartite co-operation. After a discussion in which several Government members took part, the Workers’ members suggested that this wording would be strengthened by replacing the word "note" by the word "stress" and by inserting the word "concerned" after the words "employers’ and workers’ organisations". Having obtained satisfaction on this matter, they withdrew their own amendment.

19. Point 2 was adopted without change; the proposed new Point, as amended, was adopted.

Proposed New Point (now Point 4)

20. The Committee also had before it an amendment submitted by the Workers’ members, which sought to add a new Point worded as follows: "The Preamble should further recognise that the public sector as an employer of nursing personnel, and the social security institutions dispensing health care, should play a leading role in the improvement of conditions of employment and work of nursing personnel." This text was based on a conclusion (paragraph 18) of the ILO-WHO Joint Meeting.1 The Workers’ members explained the amendment by pointing out the responsibility borne by governments in improving the situation of nursing personnel. The Employers’ members thought that, if reference was made to employers in the public sector, private employers should also be mentioned; innovations came most often from the private sector and the highest standards were not always to be found in the public hospitals. Several Government members were of the opinion that governments had to accept their responsibilities in this field, which did not, however, preclude contributions from the private sector. Other Government members were afraid that the proposed provision might make it difficult for the instrument to be ratified. The Workers’ members modified their amendment by deleting the reference.

1 The Conclusions of the ILO-WHO Joint Meeting on Conditions of Work and Life of Nursing Personnel were reproduced in Annex I to Report VII (1) submitted to the 61st Session of the Conference.
to "social security institutions dispensing health care", which certain members of the Committee found ambiguous. The Government member of Belgium suggested that the term "leading" should be replaced by the words "particularly active". These two changes were accepted.

21. The proposed new Point, as amended, was adopted.

Point 3 (now Point 5)

22. The Government member of France submitted an amendment that sought to delete the words "poor utilisation of existing staff", as he thought that this expression was incorrect; he would, however, accept the replacement of "poor" by "ineffective". The Employers’ members introduced a further amendment which sought to delete the word "poor", as they felt that this adjective was not generally applicable. Several Government members preferred the original text, which meant that the personnel were badly utilised when, for example, a professional nurse carried out a task which should be done by less skilled persons. The Government member of France accepted the term "inadequate" or "inappropriate". The Government member of Belgium proposed that the situation be described as "characterised by a shortage of staff and by the great difficulty of using to the optimum of their competence the existing staff". The Chairman suggested that the Drafting Committee should decide upon a choice of term that would reflect these various proposals. It was so decided.

23. The Employers’ members submitted an amendment that sought the deletion of the words "and lack of interest in the occupation", because they felt that there was no evidence of this lack of interest. The Workers’ members submitted an amendment which aimed at replacing this expression by "lack of retention of staff due to poor working conditions". The Workers’ members believed that the nursing profession still attracted candidates but that many left because of the working conditions. The Government member of Kenya, seconded by the Government member of Fiji, thought that the original text gave a better idea of the diversity of the problems involved. The Workers’ members having withdrawn their amendment, that of the Employers’ members was adopted; the Government member of Kenya upheld her reservation.

24. Point 3, as amended, was adopted.

Point 4 (now Point 6)

25. An amendment submitted by the Workers’ members and accepted by the Employers’ members sought to replace the word "recall" by the word "confirm". The representative of the Secretary-General pointed out that the first of these terms was usually employed in ILO instruments and the amendment was withdrawn.

26. A further amendment, submitted by the Workers’ members and also approved by the Employers’ members, was before the Committee; it sought to complete the
reference to the main instruments covering nursing personnel by an appeal to govern­
ments to apply these principles in practice. The Government member of Switzerland
pointed out that this appeal was unnecessary and undesirable; the Government
member of Japan also opposed it. The amendment, with these two reservations,
was adopted.

27. The Government member of the Federal Republic of Germany submitted
an amendment which sought to replace the term “specific” by “applicable” before
the words “to nursing personnel”, in connection with the standards to be drawn
up. In view of the opposition from the Employers’ and Workers’ members, this
amendment was withdrawn.

28. An amendment submitted by the Employers’ members sought to delete
the last phrase of the Point, “designed to enable them . . . acceptable to them”; all sectors of the community would thus be taken into consideration. Although
the Government members of the Scandinavian countries supported this amendment,
the Government members of Fiji, Portugal and the USSR, as well as the Workers’
members, preferred the original text. The Employers’ members consequently with­
drew their amendment but supported a further amendment submitted by the sub­
stitute Employers’ members of Canada and India which sought to replace the part
of the sentence in question by “designed to fulfil their role in the field of health”,
as they considered that this wording was clearer than the original text. The Workers’
members of the Federal Republic of Germany, Jamaica and the United Kingdom,
as well as the Government members of Bulgaria, Kenya and United Kingdom,
were opposed to this last amendment because it was important that proper status,
which they could accept, should be accorded to nursing personnel. The Employers’
members withdrew their amendment, their reservations having been noted.

29. Point 4, as amended, was adopted.

Point 5 (now Point 7)

30. An amendment submitted by the Employers’ members sought to replace
the word “standards” by “instrument”. The representative of the Secretary-
General explained that the expression in question did not refer to the instrument
but to the provisions contained in the Proposed Conclusions. The amendment
was thus withdrawn.

31. Point 5 was adopted without change.

Proposed New Point

32. The Government member of Portugal introduced an amendment proposing
that a new Point should be added after Point 5; the text was as follows: “The
Preamble should indicate that it is absolutely necessary to ensure that the population
as a whole takes part in the management and development of health care services.
In this context nursing personnel have a most important part to play as a catalytic
agent within the population." As this amendment was not seconded, it was not considered by the Committee.

III. Scope

**Point 6 (now Point 8)**

33. The Government member of the Netherlands withdrew the amendment that he had submitted on this Point, in which he proposed that the term "nursing personnel" should not refer to "those categories of persons" but to "workers in the private sector" providing nursing care and service.

34. An amendment submitted by the Government member of the Federal Republic of Germany suggested that the following words should be added to the original text: "provided that the persons concerned are in wage-earning employment". He explained that the instrument should not cover volunteer nurses or those from religious orders. The Government member of the Netherlands seconded the amendment and asked that the scope of the term "all those categories of persons" should be clarified. In reply to this question, the secretariat referred to the definitions given in the Conclusions of the ILO-WHO Joint Meeting; it was pointed out that, in view of the terms defining the term on the agenda, the Office had felt that it was not authorised to extend the scope of the instrument to other categories of health personnel in the proposed text. The Government member of the USSR would have preferred a broader definition including, for example, laboratory technicians. The Workers' members were opposed to the amendment, as it might be inferred that unpaid nursing personnel, if excluded from the scope of the instrument, would not be expected to have qualifications. The author withdrew his amendment while maintaining his reservations.

35. Point 6 was adopted without change.

**Paragraph (1)**

36. The Government member of the Federal Republic of Germany, who had proposed the deletion of this paragraph, withdrew his amendment in view of the discussion that had been held on Point 6, while maintaining his reservations.

37. Paragraph (1) was adopted without change.

**Proposed New Paragraph**

38. The Government member of the United Kingdom suggested that the following new paragraph be inserted between paragraphs (1) and (2): "The extent to which the provisions of this Recommendation should apply to nursing personnel in the armed forces should be determined by national laws and regulations." She believed that it was important to take into account special circumstances, such as
overtime or on-call duty, with which nursing personnel in the armed forces were faced. This amendment was supported by the Government member of Fiji but opposed by the Workers' members, who considered that it conflicted with the decision already taken that the instrument should cover all the categories of nursing personnel. The Employers' members referred to an amendment they had submitted to paragraph (2) (see below) which took account of the matter of concern to the Government member of the United Kingdom. The latter withdrew her amendment, subject to the outcome of the discussion of the Employers' members' amendment; as this amendment was also later withdrawn, she asked that her Government's reservation should be recorded.

Paragraph (2)

39. An amendment submitted by the Workers' members proposed that the competent authority should be required to seek the agreement of the professional organisations concerned, and not merely to consult them, before establishing special rules regarding voluntary nursing personnel. The Employers' members feared that it would be difficult for governments to apply this principle. The Government member of Switzerland pointed out that the final responsibility lay with parliaments and governments, whose action could not be subordinated to the conclusion of agreements with the other parties concerned. On these same lines, the Government member of Austria stated that the proposed amendment could not be applied within the constitutional framework of her country. The amendment was withdrawn and the authors' reservations noted.

40. A further amendment submitted by the Workers' members sought to delete the expression "where such organisations exist" in reference to the employers' and workers' organisations concerned; they believed that if this expression was retained, it might give governments the opportunity of exploiting the situation in cases where such organisations did not exist. The Employers' members and the Government member of Chad preferred the original text, which made provision for the case of countries where these organisations did not exist. The amendment was withdrawn.

41. The Employers' members submitted an amendment which sought to reword the text of the paragraph as follows:

"The competent authority should be authorised ... where such organisations exist:

(a) to include in the scope the categories of personnel considered to provide such care and services according to national practice based on a rational nursing structure;

(b) to establish special rules. . . ."

They stated that the purpose of this amendment was to enable the competent authorities to take into account special circumstances that might exist. Allowance would
therefore be made for the various national practices, as the same categories of nursing personnel were not recognised everywhere. A subparagraph might even be added which would take the armed forces into account. The Workers’ members were opposed to this amendment, which contradicted Points 6 and 7 (1), already adopted, and would allow governments to exclude any category of nursing personnel, in addition to those in the armed forces. The Government member of Norway also opposed the amendment. It was therefore withdrawn by the Employers’ members, subject to their opinion being noted.

42. At the request of the Employers’ members the word “education” was inserted among the matters on which derogation from the provisions of the proposed instrument should not be permitted for voluntary nursing personnel.

43. Paragraph (2), as amended, was adopted.

44. Point 7, as amended, was adopted.

IV. POLICY CONCERNING NURSING SERVICES AND NURSING PERSONNEL

Point 8 (now Point 10)

45. The Government member of Japan proposed that this Point should be deleted. He indicated that the international instrument should only deal with those matters directly related to the employment and conditions of work and life of nursing personnel. Point 8 did not meet this criterion. In reply to questions from the Government members of Belgium and Fiji, the representative of the Secretary-General stated that it was not unusual for ILO instruments to deal with the kind of questions touched upon in Point 8. The Proposed Conclusions had been prepared in co-operation with the WHO, bearing in mind the governments’ replies to the questionnaire, which was itself based upon the Conclusions of the ILO-WHO Joint Meeting. Points 8, 9 and 10 of the Proposed Conclusions considerably condensed the corresponding Conclusions of the ILO-WHO Joint Meeting. However, it was up to the Committee to decide what should be included in these Points. The Government member of Fiji asked whether it was appropriate for an ILO instrument to deal with legislative aspects of the nursing profession. The Government member of the USSR pointed out that most of the Proposed Conclusions did in fact touch upon legislative aspects, without this causing any particular problem. The Government member of the Netherlands noted that, as paragraphs (1) and (2) of Point 8 dealt with general matters and paragraph (3) was covered in other Parts of the Proposed Conclusions, only paragraph (4) should be retained here. The Government member of Spain thought that Point 8 would be better placed in the Preamble. The Government member of Bulgaria emphasised that Part IV of the Proposed Conclusions was a vitally important part of the document; governments and the population as a whole were responsible for elaborating general health programmes and the Committee should aim at improving these programmes; if this Part were deleted, the Proposed
Conclusions would only contain technical indications. The Government member of Japan, while maintaining his view that the instrument should not include everything concerning nursing personnel, withdrew his amendment.

**Paragraph (1)**

46. The Workers’ members submitted an amendment proposing that the policy concerning nursing services and nursing personnel should be drawn up after consultation with representatives of organisations of nursing personnel. A further amendment submitted by the Employers’ members embodied the same idea of consultation but in respect of both the employers’ and the workers’ organisations concerned. This wording was approved by the Workers’ members, as well as by the Government members of Austria and Fiji, but not by the Government member of Japan, who believed that the views of the entire community should be considered and not just those of the nursing profession. This objection having been noted, the amendment submitted by the Employers’ members was adopted.

47. A further amendment, submitted by the Government member of the United Kingdom, sought to ensure that national policy regarding nursing care should be within the resources available for health care as a whole. This amendment received the support of the Government members of Belgium, Iran, Kenya, the Netherlands, Nigeria, Trinidad and Tobago and the United States. The Workers’ members were opposed to this amendment, as they felt that it was not for an international instrument to invite governments to fix the limits of resources; governments should first adopt a definite policy and then decide, in the light of the resources available, what aspects of that policy should be implemented. The Government member of Lebanon found the amendment superfluous, since Point 8 referred to a general health programme which necessarily had to take financial aspects into account. This point of view was shared by the Employers’ members. The Government member of the Philippines suggested that the national policy should also bear in mind the needs of the population as a whole. The amendment was adopted by 12,312 votes to 8,904, with 456 abstentions.

48. Paragraph (1), as amended, was adopted.

**Paragraph (2)**

49. Paragraph (2) was adopted without change.

**Paragraph (3)**

50. An amendment submitted by the Employers’ members suggested that, in order to make the text clearer and more flexible, it was better to refer to laws and regulations on “education and training for and the practice of the nursing profession” rather than on “training for and the exercise of the nursing profession”. This amendment was adopted. However, the Government member of the
Netherlands, who had proposed that reference should not be made to the "exercise" of the profession, pointed out that, in his country, the law governed working conditions but not admission to the profession. As the previous amendment had been adopted, he withdrew his own, on the understanding that his reservations, which were shared by the Government members of the Federal Republic of Germany and Japan, be recorded.

51. Paragraph (3), as amended, was adopted.

Paragraph (4)

52. An amendment proposed by the Government member of the United Kingdom sought to replace the word "ensure" by the word "facilitate", which was more realistic. This amendment was seconded by the Employers' members, as well as by the Government members of Fiji and Japan, whereas the Workers' members and the Government member of the USSR opposed it, considering that national policy should "ensure" the effective utilisation of nursing personnel. The amendment was adopted.

53. Paragraph (4), as amended, was adopted.

54. The Government member of Australia supported Point 8: federal States such as Australia had to undertake measures to co-ordinate policies drawn up by the different authorities.

55. Point 8, as amended, was adopted.

Point 9 (now Point 11)

Paragraph (1)

56. The Workers' members submitted an amendment which sought to ensure that measures aimed at establishing a rational nursing personnel structure be taken after agreement with representatives of the workers' organisations concerned. The Government member of Japan was opposed to this amendment, as he believed that the establishment of this structure was the responsibility of experts who had to take into account the interest of the population as a whole and not only those of the nursing personnel. The Government members of Belgium and the Netherlands thought that it would be fitting to repeat here the formula already adopted in connection with Point 8 (1): "after consultation with workers' and employers' organisations concerned". This proposal was adopted and the reservations of the Government members of Austria, Japan, Portugal and Switzerland were recorded.

57. An amendment submitted by the Employers' members sought to replace the expression "nursing personnel" by the expression "nursing service". The amendment was opposed by the Workers' members as the text was intended to define categories of personnel and not the structure of a service. The amendment was withdrawn.
58. Three amendments, submitted respectively by a number of Government members, by the Workers' members and by the Employers' members, proposed to include education as well as training among the criteria determining the categories of personnel. The Drafting Committee was entrusted with the task of adding the word "education" wherever they considered it appropriate; this decision was also valid for similar amendments concerning other points.

59. Paragraph (1), as amended, was adopted.

Paragraph (2)

60. An amendment submitted by the Employers' members sought to replace the introductory sentence of this paragraph by: "Such a structure may, inter alia, include the following categories in accordance with national practice". Furthermore, the Government member of the United States suggested inserting after the words "the following categories" the words "clearly defined in terms of the conditions referenced in Point 9 (1) that pertain in the country". The aim of both amendments, seconded by the Government members of Austria and Portugal, was to take national practices into account. This principle having been accepted, it was left to the Drafting Committee to amalgamate the two texts.

61. The Government member of the Federal Republic of Germany put forward an amendment seeking to delete the adverb "highly" before the word "complex" in reference to the functions of professional nurses. However, he withdrew this amendment because of opposition from the Workers' members—who felt that a distinction had to be made between these functions and those of auxiliary nurses, which were less complex—and from several Government members.

62. The Government member of France, who had submitted two amendments which sought to replace the expression "auxiliary nurses" by "nursing assistants" and "nursing aides" by "hospital orderlies", withdrew these amendments in view of the decision that had just been taken on the introductory sentence of paragraph (2). For the same reason, the Government member of Portugal withdraw an amendment aiming at the deletion of the paragraph.

63. Paragraph (2), as amended, was adopted.

64. Point 9, as amended, was adopted.

Point 10 (now Point 12)

Paragraph (1)

65. The Government members of the United Kingdom and the United States submitted an amendment aimed at emphasising an important aspect of the functions of nursing personnel, namely the level of their responsibility for the quality and the quantity of nursing services provided. Their proposal was unanimously accepted.

66. Paragraph (1), as amended, was adopted.
Paragraph (2)

67. An amendment submitted by the Workers’ members sought to add the following words at the end of the paragraph: “but in no circumstances shall a lower category be used as substitute for a higher”. The Workers’ members explained that the personnel of a lower category should not be called upon to assume the responsibilities of a higher category without being paid accordingly. While accepting this principle, several Government members considered that this question was covered by Point 19; others believed that it would be appropriate to include it also in Point 10. The Government member of Belgium proposed to reword the text of Point 10 as follows: “the function of nursing personnel should be classified according to the categories listed in Point 9 (2)”. As the Workers’ members did not agree with this formula, the Committee decided to accept the principle of their amendment and to leave the wording and determination of the appropriate place in the text to the Drafting Committee.

68. With this reservation, Paragraph (2) was adopted.

69. Point 10, as amended, was adopted.

V. TRAINING

70. Identical amendments were submitted by the Government members of Fiji, Ghana, Nigeria, Sweden, the United States, Zaire and Zambia and by the Employers’ members, which sought to change the title of this Part to read “Education and Training”. The amendments were adopted.

Proposed New Paragraph

71. The Committee examined two amendments simultaneously. One, submitted by the Employers’ members, sought to insert the following new paragraph before paragraph (1): “Measures should be taken to provide the necessary information and guidance on the nursing profession to persons attaining an appropriate level of education for a career in nursing. It is therefore desirable that basic nursing education be conducted in educational institutions within the framework of the general education system of the country at a level comparable with that of other professional groups.” The other amendment, submitted by the Government members of Fiji, Ghana, Japan, Kenya, Nigeria, Sweden, the United Kingdom, the United States and Zambia, sought to insert the following new paragraph before paragraph (1): “Measures should be taken to provide the necessary information and guidance on the nursing profession to persons wishing to attain an appropriate level of education for a career in nursing. If appropriate, basic nursing education can be conducted in educational institutions within the framework of the general education system of the country.” The Workers’ members supported the first amendment,
but suggested the replacement of the word "desirable" by the word "necessary". The Government member of the United Kingdom opposed the sub-amendment, which would make it necessary to conduct nursing education within the framework of the general education system. The Government member of Austria stated that in his country it was not possible for the initial stage of nursing education to be dispensed in institutions belonging to the general education system. He also asked whether the expression equivalent to "basic nursing education" in the French text referred to general education or to the beginning of nursing education. Only in the former case could it be dispensed within the framework of the general education system. The Government member of Fiji considered that the expression "basic nursing education" referred to training in a nursing school. The Government members of Fiji, Switzerland, the United Kingdom and the United States preferred the words "if appropriate" in the second amendment to "It is therefore desirable that" in the first amendment, or "It is necessary that" in the sub-amendment, since they were more flexible. These words were accepted by the Employers' members.

72. The proposed new paragraph, as amended, was adopted.

**Paragraph (1)**

73. The Government member of the United Kingdom submitted an amendment which proposed to insert the words "or pronouncements by the appropriate authorities or professional bodies" after the word "regulations". The Employers' members supported the amendment, subject to the replacement of "pronouncements" by "declarations". The Workers' members accepted the amendment, subject to the insertion of the words "competent and recognised" after the words "authorities or". The amendment, as sub-amended, was adopted.

74. Paragraph (1), as amended, was adopted.

**Paragraph (2)**

75. The Workers' members submitted an amendment which proposed beginning the sentence by the words "Nursing education and training", in accordance with earlier decisions of the Committee. The amendment was adopted without discussion.

76. A further amendment, submitted by the Government members of Fiji, Ghana, Nigeria, Sweden, the United States and Zaire, proposed to replace the word "documented" by the word "recognised". After a brief discussion, the amendment was adopted.

77. Paragraph (2), as amended, was adopted.

78. Point 11, as amended, was adopted.
Paragraph (1)

79. An amendment submitted by the Employers' members proposed to replace the words "Nursing training" by the words "Nursing education and training", in line with earlier decisions. The amendment was adopted without discussion.

80. Paragraph (1), as amended, was adopted.

Paragraph (2)

81. An amendment submitted by the Government member of the Federal Republic of Germany, to insert the words "in hospitals" after the word "given", was withdrawn.

82. The Government members of the Federal Republic of Germany and the Netherlands submitted an amendment which proposed to replace the words "qualified nurses" by the words "qualified teaching staff", with a view to allowing staff other than nurses to participate in training. The Government member of Chad supported the amendment. The Employers' members and the Government members of Fiji and Kenya opposed the amendment, as they considered that only qualified nurses were competent to supervise practical training, which was the subject of the paragraph. The Government member of Bulgaria proposed that the amendment be modified to read "qualified nurses and other qualified teaching staff". He felt that specialists other than nurses should be allowed to train nurses. The sub-amendment was accepted by the authors of the amendment, which was supported as sub-amended by the Government members of Belgium, Italy, the USSR and Zambia. The Government member of Portugal, supported by the Government member of the United Kingdom, proposed modifying the amendment to read "qualified nurses with the collaboration of qualified teaching staff", with a view to leaving qualified nurses with the responsibility for practical training of nurses. The sub-amendment proposed by the Government member of Bulgaria was rejected by 1,350 votes to 9,010, with 190 abstentions. The amendment itself was rejected by 390 votes to 9,858, with 580 abstentions.

83. Paragraph (2) was adopted without change.

84. The Government member of Bulgaria declared that his country would not be able to accept this paragraph since part of nursing training took place in medical schools. The Government member of Belgium stated that the text adopted inhibited movement between professions and tended to isolate the nursing profession.

85. Point 12, as amended, was adopted.

Point 13 (now Point 15)

Paragraph (1)

86. An amendment to insert the words "education and" before the word "training", in accordance with previous decisions, submitted by the Workers' members, was adopted without discussion.
87. Paragraph (1), as amended, was adopted.

**Paragraph (2)**

88. An amendment to replace the word "should" by the word "may" was submitted by the Government member of the Netherlands. The amendment was supported by the Employers' members, but strongly opposed by the Workers' members as it weakened the text. The amendment was withdrawn.

89. The Employers' members submitted an amendment which proposed to replace the first sentence of paragraph (2) by "There should be two levels of formal basic education and training", with a view to bringing the text into line with earlier changes. The amendment was supported by the Workers' members, who had submitted a similar amendment. The Government member of France considered that the meaning of the word *institutionnel* in the French text was unclear. The amendment was adopted and referred to the Drafting Committee for the alignment of the French text with the English version.

90. The Government member of the Federal Republic of Germany, who had submitted an amendment which proposed to replace the words "an advanced level" in clause (a) by "a level" and to replace the words "a less advanced level" in clause (b) by "a level", withdrew the amendment.

91. An amendment submitted by the Government members of Fiji, Ghana, Nigeria, Sweden, the United Kingdom, the United States and Zambia proposed to replace the word "such" in clause (a) by the word "nursing", in order to clarify the meaning of the text. The amendment, which was supported by the Employers' and Workers' members, was adopted.

92. The Government member of the Federal Republic of Germany submitted an amendment which proposed to replace the words "the background of general education required for entry to universities" in clause (a) by the words "the level of education corresponding to completion of the shorter secondary cycle"; this amendment was intended to allow for the fact that less than the education required for entry into university was frequently sufficient for training of professional nursing personnel. The substance of the amendment was supported by the Government members of Austria and the Netherlands and by the Workers' member of the German Democratic Republic. The amendment was opposed by the Workers' members and by the Government members of Kenya and Portugal, who pointed out that the words "as far as possible" in the text of Point 13 provided all the flexibility required. The Government members of Bulgaria, Chad, Fiji, Ghana and Sweden also opposed the amendment. Having regard to the opposition expressed, the author withdrew his amendment while maintaining his reservations.

93. Another amendment to clause (a), with a similar purpose, was submitted by the Government member of Austria and proposed to insert the word "appropriate" before the words "general education" and to delete the words "required
for entry to universities”. This amendment was withdrawn in the absence of support, subject to the author’s Government’s reservations being recorded. The Government member of the Netherlands also recorded his Government’s reservations.

94. An amendment to clause (b) submitted by the Government member of France, which proposed to replace the words “general nursing care” by the words “health care”, was not seconded and was not considered by the Committee.

95. An amendment submitted by the Workers’ members to replace the words “more simple” in clause (b) by the words “less complex” was adopted.

96. The Government member of Austria submitted an amendment which proposed to delete from clause (b) the phrase “students accepted for training at this level should have attained as advanced a level as possible of secondary education”. As the amendment was not seconded, it was not considered by the Committee.

97. The Government member of the Federal Republic of Germany, who had submitted an amendment designed to replace in clause (b) the words “as advanced a level as possible of secondary education” with the words “the level of education corresponding to successful completion of primary studies”, withdrew the amendment in the light of the previous discussion.

98. Paragraph (2), as amended, was adopted.

99. Point 13, as amended, was adopted.

**Point 14 (now Point 16)**

100. An amendment submitted by the Government member of the Federal Republic of Germany which proposed to delete the word “higher” before the words “nursing education” was withdrawn. Another amendment submitted by the Government member of Austria to delete the words “and in research” at the end of this Point was not seconded and was not considered by the Committee.

101. Point 14 was adopted without change.

**Point 15 (now Point 17)**

102. Point 15 was adopted without change.

**Point 16 (now Point 18)**

**Paragraph (1)**

103. An amendment submitted by the Workers’ members proposed to delete the words “medical science and” and to insert after “nursing care” the words “and related sciences”, such as sociology and psychology. The Employers’ members supported the amendment, but suggested that it read “nursing and related sciences”. The amendment, as sub-amended, was adopted.
104. Paragraph (1), as amended, was adopted.

Paragraph (2)

105. The Government members of Fiji, Ghana, Kenya, Nigeria, Sweden, the United Kingdom, the United States and Zambia submitted an amendment which proposed to replace paragraph (2) by the words "Planning for continuing nursing education should include provision for programmes which would facilitate re-entry into nursing", so as to make the text less ambiguous. After a brief exchange of views, the amendment was adopted.

106. Paragraph (2), as amended, was adopted.

107. Point 16, as amended, was adopted.

VI. PRACTICE OF THE NURSING PROFESSION

Point 17 (now Point 19)

108. The Committee had before it a number of amendments to this Point. An amendment submitted by the Government member of Japan to delete the Point was withdrawn in the light of the discussion concerning Point 8. A further amendment submitted by the Government member of the Netherlands proposed to replace the Point by "Steps should be taken to ensure that the nursing profession is practised as far as possible and to an increasing extent only by professional nurses (or duly authorised nurses)." He stated that the Point as drafted at present conflicted with his country's legislation. The amendment was supported by the Government member of the Federal Republic of Germany, who stated that the original text created similar problems in his country. The amendment was withdrawn, having been opposed by the Workers' and Employers' members and several Government members.

109. An amendment seeking to replace in clause (a) the words "empower a body including representatives of nursing personnel to grant licences" by the words "empower a body, the majority of which are nurses, to grant licences", was submitted by the Government members of Fiji, Kenya, Nigeria, Sierra Leone, the United Kingdom, the United States and Zambia, since they considered that any body which was to judge and evaluate nurses should comprise a majority of nurses. The amendment was supported by the Workers' members and opposed by a number of Government members and by the Employers' members. It was rejected by 4,745 votes to 5,450, with 1,023 abstentions. Another amendment to this clause, submitted by the Government member of the Federal Republic of Germany, which sought to delete the words "including representatives of nursing personnel", was not seconded and was not considered by the Committee.

110. The Government member of the Federal Republic of Germany submitted an amendment, which was supported by the Government member of the Netherlands, proposing to delete clause (b). He stated that this clause would prevent his Govern-
ment from adopting the instrument, since national legislation protected the title but not the practice of the nursing profession. However, as the amendment was opposed by both the Workers' and the Employers' members, it was withdrawn, its author expressing the strong reservations of his Government. Another amendment to clause (b), submitted by the Employers' members, to replace the word “exercise” by “practice” before the words “of the profession”, was adopted.

111. The Workers' members submitted an amendment which proposed to insert a new clause (c) at the end of the Point, as follows: “be reviewed and updated in accordance with current advances and practice in the profession”. The Employers' members suggested modifying the amendment by inserting the words “as necessary” after the word “updated”. The amendment, as sub-amended, was adopted.

112. Point 17, as amended, was adopted.

Point 18 (now Point 20)

113. An amendment submitted by the Government member of Japan to delete this Point was withdrawn in the light of the discussions on Points 8 and 17.

114. Point 18 was adopted without change.

Point 19 (now Point 21)

115. The Committee examined two amendments to this Point simultaneously. One amendment, submitted by the Government member of Belgium, sought to replace paragraph (1) by “Nursing personnel should not be assigned to work which goes beyond their qualifications”, while the second amendment, submitted by the Government member of the United Kingdom, proposed replacing the word “qualified” by the word “competent”. The author of the first amendment suggested replacing the word “qualifications” therein by the word “competence” from the second amendment. The Government member of the United Kingdom felt that the word “competent” was preferable to “qualified”, inasmuch as the category of “nursing aides” might be considered not to be “qualified”, while they might be “competent” for the work they were called upon to perform. After an exchange of views amongst the Employers' members, the Workers' members and several Government members, both amendments were adopted, modified to read as follows: “Nursing personnel should not be assigned to work which goes beyond their qualifications and competency.”

116. An amendment submitted by the Employers' members, which proposed to replace the word “only” by the word “normally”, was withdrawn, having regard to the previous discussion. Another amendment submitted by the Employers' members which proposed to insert the word “fully” before the word “qualified” was also withdrawn, having been opposed by the Workers' members and several Government members as superfluous.

117. Point 19, as amended, was adopted.
118. Two amendments were examined in connection with this Point. The first, submitted by the Government member of the Federal Republic of Germany, proposed its deletion, on the ground that this problem was general in nature, affecting all categories of workers. Although supported by several Government members, the amendment was withdrawn, having been opposed by the Employers’ and Workers’ members and several other Government members.

119. Another amendment was submitted by the Employers’ members with a view to deleting the word “civil” and replacing the word “exercise” by the word “practice”. The last part of the amendment was withdrawn after an exchange of views, indicating that there was a preference for the words “exercise of their functions” to the words “practice of their profession” in this connection. With regard to the deletion of the word “civil”, the Employers’ members explained that the amendment was intended to make the point applicable to all types of liability, including civil, penal and administrative liability, which were interrelated. After an exchange of views on the desirability of broadening the scope of the Point to cover all types of liability, further indications on the matter were requested from the Legal Adviser.

120. The Assistant Legal Adviser of the ILO explained the three types of liability to which workers could be subject. A recent survey of the question of civil liability of workers undertaken by the Office had shown that the risk of being subject to such liability was especially great for health workers. This was why Point 20 had been included in the Proposed Conclusions, although it had been drafted in a general way, calling for consideration to be given to measures to be taken in this connection, inasmuch as widely different types of measures were taken in different countries in response to this problem (such as special statutory limitations and insurance arrangements), taking into account different legal systems. The Office had intended to cover administrative liability in Point 21. The question of penal liability had not been covered in the Proposed Conclusions as the Office had not been aware that any particular problem arose in this connection for health personnel or that anything in particular could be done to safeguard against it, as it did not seem that any citizen could be exempted from or protected against penal liability.

121. Following an exchange of views during which the Workers’ members and several Government members expressed their satisfaction with the original text of this Point, the Committee decided to retain the text unchanged, while requesting the Office to consider the matter further in preparation for the second discussion.

122. Point 20 was adopted without change.

123. The Committee considered two amendments at the same time. An amendment submitted by the Workers’ members proposed to replace the original Point by
the following: "The disciplinary rules and procedures applicable to nursing personnel should be determined with the participation of nursing workers' representatives and should guarantee a fair judgement and adequate appeals procedure including the right of representation by individual choice at all levels." Another amendment, submitted by the Government member of the Netherlands, sought to replace the words "The disciplinary rules applicable to nursing personnel" by the words "If disciplinary rules applicable to nursing personnel exist, they should". The Workers' members indicated that their amendment sought to ensure the participation of nursing workers' representatives in determining disciplinary rules and procedures and the right of nursing personnel subject to disciplinary proceedings to representation. The Government member of the Netherlands proposed combining the two amendments. The combined amendments were supported by the Government members of Belgium and Italy. They were opposed by several Government members and the Employers' members. The Government member of Australia opposed the combined amendments since in his country it was not possible to ensure the right of representation by individual choice at all levels of the appeals procedure before the courts. The Government member of Japan expressed his preference for the original text, which was clearer and more precise. The Employers' members expressed the view that the question of determination of disciplinary rules and procedures arose only in the public sector and should not be introduced in a text applicable to both public and private sectors. The Workers' members considered that this objection was obviated by the combined amendment which applied only if such rules and procedures existed; however, the concept was applicable also to the private sector, since dismissal for negligence, for example, was a disciplinary measure. The Government members of Fiji and the USSR favoured the first amendment and opposed the second, since they believed that disciplinary rules and procedures were required in all cases, both in the public and private sectors. The Government member of Jamaica also supported the Workers' members' amendment since he considered that nurses should have the right to participate in the determination of disciplinary rules and procedures, but he felt that the phrase "including the right of representation by individual choice at all levels" was superfluous. The amendments, as combined, were adopted by 5,246 votes to 4,953, with 390 abstentions.

124. Point 21, as amended, was adopted.

**Point 22 (now Point 24)**

125. The Committee considered an amendment submitted by the Government members of Denmark, Finland, Norway and Sweden, which sought to delete this Point. The authors of the amendment, who had the utmost respect for the religious, moral and ethical convictions of nurses, believed that this respect had to be offset by the fact that the needs of the patient must at all times come first. They considered that the question, which was one on which opinions were sharply divided, should be left to be resolved by the legislation in each country. Moreover, such immunity
was not granted to other categories of public servants. The amendment was supported by the Government members of Bulgaria, Fiji, the Netherlands, Sri Lanka and the USSR, who felt that the text of this Point was open to abuse. It was stated that nurses knew on taking up the profession what was required of them, and if they could not accept it they should not enter the profession. The Workers' members opposed the amendment since they considered the Point to state a basic human right: human beings could not be asked to act against their consciences. It was pointed out in this connection that nurses had high moral principles and would in no circumstances act so as to endanger the health of their patients. The text ensured that nursing care would be continued. It was also pointed out that the purpose of the text was not to authorise nurses to refuse to perform duties on grounds of conscience but to provide that if they refused (as was inevitable if basic convictions were involved) they should not be penalised. The amendment was also opposed by the Government members of Austria, Portugal and Zambia. The amendment was rejected by 1,254 votes to 4,106, with 264 abstentions.

126. An amendment submitted by the Employers' members sought to replace this Point by the following: “Religious, moral or ethical convictions of nursing personnel should be taken into consideration in work assignment only to the extent that does not become a hindrance to the delivery of nursing care. In case of disagreement, the decision of the nursing supervisors should prevail taking into account the patients' needs.” The Employers' members indicated that the amendment was designed to ensure that the decision on the matter fell to the supervisor, not to the nurse. The amendment was opposed by the Workers' members since it removed from the nurse the right to refuse to perform duties because of reasons of conscience. The amendment was rejected by 2,166 votes to 2,816, with 492 abstentions. The Employers' members requested that their reservations on the matter be recorded.

127. The Committee examined simultaneously an amendment submitted by the Government member of Belgium to insert the words “in good time” after the word “supervisor” and an amendment submitted by the Government member of the United Kingdom to replace the word “so” by the words “and being satisfied” before the words “that nursing care is ensured”. The amendments, supported by the Employers' and Workers' members, were adopted.

128. An amendment submitted by the Government member of Austria to replace the words “without being penalised” by the words “without any disadvantage” was not seconded and was not considered by the Committee. Another amendment, submitted by the Government member of Japan, to insert at the end of this Point the words “provided that such refusal is deemed to be fair and reasonable in the light of generally accepted codes of practice in the country concerned”, was withdrawn after the Employers' and Workers' members expressed their opposition to it.

129. Point 22, as amended, was adopted.
VII. Participation

Point 23 (now Point 25)

130. The Government member of Japan, who had submitted an amendment which proposed to delete this Point, withdrew the amendment in view of the previous discussions.

Paragraph (1)

131. The Workers’ members submitted an amendment which sought to replace “promote” by “guarantee”, to insert before the word “decisions” the words “planning and”, and to add at the end of the paragraph the following new sentence: “The provisions contained in the Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87), and the Right to Organise and Collective Bargaining Convention, 1949 (No. 98), should be applied to all nursing personnel whether employed in the public or the private sector.” The Employers’ members did not agree to the word “guarantee”, preferring the word “promote” in the Office text or the word “facilitate”, and proposed the deletion of the phrase “whether employed in the public or the private sector” in the new sentence. The Workers’ members indicated that they would accept an alternative for the word “guarantee” but could not agree to the deletion of the above-mentioned phrase. In reply to a question by the Employers’ members whether Conventions Nos. 87 and 98 applied to the public as well as to the private sector, the secretariat indicated that Convention No. 87 applied to all workers (although authorising national laws or regulations to determine the extent to which the Convention shall apply to the armed forces and the police). Convention No. 98 had a similar scope, except that Article 6 thereof provided that the Convention “does not deal with the position of public servants engaged in the administration of the State”. The Committee of Experts on the Application of Conventions and Recommendations had considered that, although the concept of public servant might vary from country to country, this exclusion referred only to those public servants “engaged in the administration of the State” and not to those who were employed by the State or in the public sector but who did not act as agents of the public authority, even if they had a status identical with public officials engaged in the administration of the State. Thus nursing personnel would be covered by Convention No. 98 in so far as they were not agents of the public authority engaged in the administration of the State.

132. The Workers’ members indicated that the interpretation which the Committee of Experts had given to Article 6 of Convention No. 98 was not known everywhere and the applicability of this Convention to nursing personnel in public employment had sometimes been questioned. The purpose of the proposed amendment was to remove all doubt about the applicability of the two Conventions to nursing personnel. The amendment was supported by the Government member of Kenya. The Employers’ members expressed the view that since Conventions Nos. 87 and 98 were applicable to nursing personnel, as had been explained by the Office,
it was not necessary to recall this fact in this Point. The Chairman drew attention to
Point 4 in the Preamble, which seemed to cover the purpose of the amendment, and
suggested that these Conventions be referred to by name in that Point. The Workers’
members accepted this proposal. After the representative of the Secretary-General
had explained that the word “promote”, used in the Office text, had been used in a
series of ILO instruments concerning consultation and co-operation, the amendment
was withdrawn; it being, however, agreed to insert the words “planning and” before
“decisions” in this paragraph and to refer to Conventions Nos. 87 and 98 by name
in Point 4 of the Preamble. Having found that the present construction of Point 4
of the Preamble, which referred in a general way to a large number of international
labour instruments, made it difficult to insert a reference to two of these instruments
by name, the Drafting Committee suggested that it be left to the Office, when drawing
up the reports to be sent to governments in connection with the second discussion,
to find an appropriate way of carrying out the intention of the Committee in this
regard.

133. The Employers’ members submitted an amendment which sought to delete
the words “at all levels”. The Workers’ members and the Government members
of Ghana and the Netherlands opposed the amendment, since they considered that
if participation was to be encouraged, it should be at all levels. The amendment
was withdrawn.

134. Paragraph (1), as amended, was adopted.

Proposed New Paragraphs

135. The Government member of the Federal Republic of Germany submitted
an amendment which proposed to insert the following paragraph before the present
paragraph (1): “Where a body of a general character representing employed persons
exists under national legislation and nursing personnel are covered by it, that body
should be deemed to be representative of nursing personnel for the purposes of this
Recommendation.” This amendment sought to allow for the situation under German
national legislation. It was supported by the Government member of Austria, where
the legal position was similar. The Employers’ and Workers’ members and the
Government member of Nigeria considered that this point was covered by the
terms of the present text of paragraph (1), which included the phrase “in a manner
appropriate to national conditions”. The amendment was withdrawn.

136. The Workers’ members submitted an amendment which proposed to insert
the text of paragraph 78 of Annex I to Report VII (1) between paragraphs (1) and
(2), as follows: “Nursing personnel, in common with other workers, should be
assured the protection laid down in the Workers’ Representatives Convention
(No. 135) and Recommendation (No. 143), 1971.” In reply to a question raised
regarding the proper place for a reference to these instruments, the secretariat indi­
cated that Convention No. 135 and Recommendation No. 143 applied according
to their terms to workers’ representatives “in the undertaking”. As the ILO super-
visory bodies had not yet taken a position on the scope of the term "undertaking", it was not certain that these instruments covered all categories of nursing personnel such as those employed in public health services. In these conditions, if it were decided that nursing personnel should be accorded the rights provided for in the earlier instruments, it would be appropriate, in accordance with past ILO practice, for provision to be made in the operative Part of the new instrument to that effect. Having regard to this explanation, the amendment was adopted.

137. The corresponding proposed new paragraph was adopted.

Paragraph (2)

138. The Employers' members submitted an amendment which sought the deletion of paragraph (2) and its transfer (subject to amendments) to the Suggestions concerning Application. As the amendment was opposed by the Workers' members and a number of Government members, it was withdrawn.

139. An amendment submitted by the Workers' members proposed to insert the words "organisations of" after the words "qualified representatives of" in clause (a), since they felt that the present wording would permit the employer to choose the representatives he wished. The secretariat indicated that, in drafting this Point, it had included a reference to organisations representing nursing personnel in clause (b), which was concerned with negotiation of conditions of employment and work, but not in connection with clause (a) since the latter dealt with certain matters which might be considered in certain countries in the framework of machinery providing for representation of the workers concerned by other than representatives of their organisations, such as representatives elected directly by the persons concerned, referred to (together with trade union representatives) in Article 3 of the Workers' Representatives Convention, 1971. After an exchange of views regarding wording which would meet the concern of the Workers' members without excluding different systems of representation, it was decided to amend the beginning of clause (a) to read as follows: "Qualified representatives of nursing personnel, defined in accordance with Article 3 of the Workers' Representatives Convention, 1971, should be associated with ...". In the light of this decision, the Employers' members withdrew another amendment to this clause.

140. An amendment submitted by the Workers' members to insert the words "education and" in clause (a) before the word "training", in accordance with earlier changes, was adopted.

141. The Workers' members submitted an amendment which proposed to delete the part of clause (b) after the word "employers" and to insert the following new sentences from paragraph 80 of Annex I to Report VII (1): "Nursing personnel should have, as a basic right, the right to strike. Representative organisations of nursing personnel should be afforded appropriate joint machinery, such as mediation, conciliation and voluntary arbitration, to deal with the settlement of disputes arising
out of terms and conditions of employment, with a view to making it unnecessary for nursing personnel to have recourse to such other steps as are normally open to organisations of other workers in the defence of their legitimate interests." The Workers' members explained that in submitting this amendment they sought not to encourage strikes but to demonstrate their interest in avoiding strikes. Strikes of nursing personnel occurred not because they wished to strike but because they were placed in a position by their employers where they were obliged to go on strike in order to improve unacceptable conditions of employment. The right to strike had first to be recognised as a basic right; then provision should be made for machinery which would make it unnecessary for nursing personnel to go on strike.

142. The Employers' members asked the secretariat to indicate whether any existing ILO instrument specifically mentioned the right to strike. In reply, the secretariat stated that no existing international labour Convention or Recommendation expressly referred to the right to strike. However, the Governing Body Committee on Freedom of Association and the Committee of Experts on the Application of Conventions and Recommendations had expressed the view that a general prohibition of strikes constituted a considerable restriction of certain rights guaranteed by Convention No. 87. On the other hand, these bodies had considered that limitations on the right to strike of public servants or of persons employed in essential services strictly defined would not conflict with the principles of freedom of association; in such cases, however, sufficient guarantees should be accorded to these workers in order to safeguard their interests, such as adequate, impartial and speedy conciliation and arbitration procedures in which the parties concerned could participate at all stages and in which the awards were binding on both parties and were fully and promptly implemented. In the light of these indications, the Employers' members considered that as no existing ILO instrument mentioned the right to strike, it would be inappropriate for this right to be expressly referred to in connection with a specific category of workers, such as nursing personnel.

143. The Government member of Chad considered that in developing countries there did not exist sufficient staff to permit strikes in hospitals. The Government members of Ghana, Kenya, Nigeria and Sri Lanka also opposed recognition of the right to strike in the proposed instrument. The Government member of Japan pointed out that the Proposed Conclusions drafted by the Office had omitted paragraph 80 of the Conclusions of the ILO-WHO Joint Meeting, apparently because of the opposition of the majority of governments who had replied to the ILO questionnaire on this Point. Referring also to the fact that the Conference would have on its agenda in 1977 the question of freedom of association and procedures for determining conditions of employment in the public service, he suggested that this Committee should not deal with the matter of the right to strike and opposed the amendment. The Workers' members emphasised the importance of this question to the workers; strikes could be averted only if governments were induced, through the recognition of the right to strike, to accept the establishment of appropriate dispute settlement procedures. The Government member of Italy proposed as a compromise solution
the deletion of the first sentence in the amendment, regarding recognition of the right to strike, and adoption of the second sentence, regarding dispute settlement procedures. The Government members of Kenya, Portugal and the United Kingdom supported this proposal. The sub-amendment was accepted with reluctance by the Workers' members. It was decided to delete the first sentence of the amendment. The Employers' members, supported by the Government member of Japan, proposed an additional sub-amendment that would remove from the second sentence of the amendment the words “with a view to making it unnecessary for nursing personnel to have recourse to such other steps as are normally open to organisations of other workers in the defense of their legitimate interests”, since they believed that these words implied the right to strike. The Workers' members did not accept this proposal. This sub-amendment was rejected by 2,014 votes to 2,194, with 531 abstentions. The amendment, as modified by the sub-amendment proposed by the Government member of Italy to delete the first sentence, was adopted by 2,402 votes to 152, with 2,393 abstentions.

144. The Workers’ members submitted an amendment to clause (c), which sought to delete the phrase “in a manner appropriate to the questions at issue”, which they thought was unnecessary. After an exchange of views which showed that the Committee was divided on the matter, the Workers’ members withdrew the amendment.

145. Paragraph (2), as amended, was adopted.

146. Point 23, as amended, was adopted.

VIII. CAREER DEVELOPMENT

Point 24 (now Point 26)

Paragraph (1)

147. The Government member of the Netherlands submitted an amendment which proposed to replace the words “Measures should be taken” by the words “The employer (or organisations of employers) should, in consultation with the representatives of the workers concerned, take measures”. The amendment was intended to make clear that the responsibility for measures concerning career prospects fell upon the employer and not upon governments. The amendment, supported by the Government member of Belgium and opposed by the Workers' and Employers' members as well as the Government member of Kenya, was withdrawn.

148. The Workers’ members submitted an amendment which sought to insert the words “leadership positions in administration, education and research” after the words “possibilities of professional advancement”. The Employers’ members supported the amendment but suggested inserting the word “nursing” before “administration”. After several Government members had expressed their support
for the amendment and opposition to the sub-amendment, the amendment was adopted.

149. The Employers’ members submitted an amendment which proposed to delete all of the original text after the word “advancement”, since the question of remuneration was covered by another part of the Conclusions. The amendment was withdrawn, having regard to the opposition of the Workers’ members and several Government members.

150. Paragraph (1), as amended, was adopted.

Paragraph (2)

151. Two amendments submitted respectively by the Government members of the Federal Republic of Germany and the Netherlands proposed to delete paragraph (2) which they considered would give preferential treatment to nursing personnel as compared with other workers. These amendments were withdrawn after having been opposed by the Workers’ and Employers’ members and several Government members.

152. Paragraph (2) was adopted without change.

153. Point 24, as amended, was adopted.

Point 25 (now Point 27)

154. Point 25 was adopted without change.

Point 26 (now Point 28)

155. An amendment submitted by the Government member of the Netherlands, which proposed to insert the words “as far as possible” after the words “be employed”, was withdrawn in the absence of sufficient support. Another amendment, submitted by the Government members of Fiji, Kenya, Sweden, the United Kingdom, the United States and Zambia, which proposed to replace the word “experience” by the words “nursing experience and the duration of the interruption”, was adopted.

156. Point 26, as amended, was adopted.

Point 27 (now Point 29)

Paragraph (1)

157. An amendment submitted by the Government member of Japan sought to insert at the end of paragraph (1) the words “to the extent possible”; it was withdrawn in the light of the opposition of the Workers’ members and a number of Government members. Another amendment, which was submitted by the Government members of Fiji, Kenya, the Philippines, Sweden, the United Kingdom, the
United States and Zambia and which sought to add the words "subject to the needs and demands of the service" at the end of paragraph (1), was also opposed by the Workers' members and several Government members, who considered the amendment to be unnecessary, since it was evident that the requirements of nursing services would limit the number of nurses who could participate in training at the same time. This amendment was also withdrawn.

158. Paragraph (1) was adopted without change.

Paragraph (2)

159. An amendment submitted by the Government member of the Federal Republic of Germany, which sought to delete paragraph (2), was withdrawn having regard to the previous discussion.

160. Paragraph (2) was adopted without change.

Proposed New Paragraph

161. An amendment submitted by the Workers' members was designed to add a new paragraph (3) to the text, from paragraph 76 of Annex I to Report VII (1), as follows: "Employers should provide staff and facilities for in-service training of nursing personnel at the workplace". The Employers' members, while supporting the principle of in-service training, felt that it was not always appropriate for this to be provided by the employer at the workplace. The Workers' members considered that such training had to be provided at the workplace and therefore that the responsibility must lie with the employer. The Employers' members having withdrawn their objection, the amendment was adopted.

162. The proposed new paragraph was adopted.

163. Point 27, as amended, was adopted.

Point 28 (now Point 30)

164. The Government member of Japan, who had submitted an amendment seeking the deletion of this Point, withdrew the amendment in a spirit of co-operation. The Employers' members submitted an amendment which proposed to replace the words "entitled to" by the word "granted", in order to bring the text into line with the wording of the Paid Educational Leave Convention, 1974. The amendment was referred to the Drafting Committee. A further amendment submitted by the Workers' members, which sought to delete the words following "leave" and to insert in their place the words "in accordance with the Paid Educational Leave Convention, 1974", was adopted. An amendment submitted by the Government member of the Federal Republic of Germany intended to delete clause (c) was consequently withdrawn.

165. Point 28, as amended, was adopted.
IX. Remuneration

Point 29 (now Point 31)

Paragraph (1)

166. The Committee examined several amendments to this paragraph. An amendment submitted by the Government member of the Netherlands sought to insert after the words "be fixed" the words "in particular by collective agreements". The amendment was supported by the Workers' members and several Government members. The Employers' members, who at first were opposed to the amendment because they considered that this Point referred to factors to be taken into consideration in fixing the level of remuneration rather than to the procedure to be followed in fixing remuneration (a subject already dealt with in Point 23), accepted it after the Government member of Chad stated that collective bargaining was necessary to enable nursing personnel in the public sector to raise the level of remuneration there. The amendment was adopted. An amendment submitted by the Government member of the United Kingdom which proposed to delete the word "needs" was withdrawn. Another amendment submitted by the Government member of Kenya, which sought to rearrange the wording of part of this paragraph to read "qualifications, responsibilities, duties and experience", was adopted. The Workers' members submitted a further amendment, which proposed to replace the word "susceptible" by the word "sufficient". This amendment was accepted in principle and referred to the Drafting Committee.

167. Paragraph (1), as amended, was adopted.

Paragraphs (2) and (3)

168. The Government member of Belgium submitted an amendment which proposed to delete paragraphs (2) and (3), because he considered that it would be difficult to find comparable professions and that it was normal that nurses in different sectors received levels of remuneration related to the situation in each sector. The amendment, supported by the Government member of Switzerland and opposed by the Workers' and Employers' members and several Government members, was withdrawn.

169. The Government members of Fiji, Kenya, the United Kingdom, the United States and Zambia submitted an amendment, which proposed to add the words "and should be subject to voluntary negotiation" to the end of paragraphs (2) and (3). The amendments were adopted, subject to removal of the word "voluntary", on the suggestion of the Workers' members. The Government member of Japan recorded his reservations with respect to these amendments.

170. Paragraphs (2) and (3), as amended, were adopted.
Paragraph (4)

171. The Government members of Fiji, Ghana, Nigeria, the United Kingdom and the United States submitted an amendment which sought to replace the existing paragraph (4) by "Remuneration should be adjusted from time to time through collective bargaining and subject to the terms of any government pay policy." The Employers’ and Workers’ members opposed the amendment, it being argued that an international instrument should not lay down a general rule subjecting collective bargaining to government pay policies which, while they may be based on general acceptance in one country, might not be so based in others. The amendment was withdrawn.

172. The Committee considered two other amendments to paragraph (4) simultaneously. One, submitted by the Employers’ members, proposed to reword the paragraph as follows: "Remuneration should be adjusted in accordance with national practice to take care of variations in the cost of living" in order to eliminate reference to the national standard of living. The other, submitted by the Workers’ members, proposed to replace the words "adjusted from time to time to take into account" by the words "kept current with increases", in order to ensure that there were no excessive delays in making the adjustments in question. It was pointed out that the term "from time to time" was used in the Minimum Wage Fixing Recommendation, 1970. Both amendments were withdrawn.

173. Paragraph (4) was adopted without change.

174. Point 29, as amended, was adopted.

Point 30 (now Point 32)

175. Point 30 was adopted without change.

Point 31 (now Point 33)

176. An amendment submitted by the Government member of Japan, which proposed replacing the word "financial" by the word "appropriate", was withdrawn.

177. Point 31 was adopted without change.

Point 32 (now Point 34)

Paragraphs (1) and (2)

178. The Government member of Japan, who submitted one amendment which proposed to delete the Point, withdrew it in favour of another amendment, submitted by the Workers’ members, which sought to replace paragraphs (1) and (2) by the following: "Remuneration should be paid entirely in cash. No deductions from remuneration other than statutory deductions or those agreed upon in collective agreements should be made unilaterally." An amendment submitted by the Em-
ployers’ members proposed to replace paragraph (1) by the following: "Remuneration should be calculated in monetary terms ", while an amendment submitted by the Government members of Fiji, Ghana, Nigeria, the Philippines, the United Kingdom, and the United States sought to replace this paragraph by the words "Remuneration should be entirely monetary ". The Workers’ members sub-amended their amendment to propose amending paragraphs (1) and (2) to read as follows: "(1) Remuneration should be entirely monetary. (2) No deductions from remuneration other than statutory deductions or those agreed upon in collective agreements should be made unilaterally." The Employers’ members did not believe that all deductions should be subject to collective agreements. The Government member of the Netherlands thought the second sentence was difficult to understand, since deductions which had first to be accepted in the contract of employment could not be unilateral. The Workers’ members indicated that by seeking to ensure that the employer could not make deductions from remuneration unilaterally, they wished to protect the worker against being obliged to accept such deductions in order to obtain employment. The representative of the Secretary-General quoted Article 8 (1) of the Protection of Wages Convention, 1949, which provided that "Deductions from wages shall be permitted only under conditions and to the extent prescribed by national laws or regulations or fixed by collective agreements or arbitration award." The amendment proposed by the Workers’ members to paragraphs (1) and (2), as sub-amended by them, and the amendment submitted by the Government members of Fiji, Ghana, Nigeria, the Philippines, the United Kingdom and the United States were adopted and submitted to the Drafting Committee which was to take into account the text of Article 8 (1) of the Protection of Wages Convention, 1949. Consequently two further amendments to these paragraphs submitted by the Government member of Belgium and the Government member of the Federal Republic of Germany were withdrawn.

179. Paragraphs (1) and (2), as amended, were adopted.

Paragraph (3)

180. An amendment was submitted by the Government members of Fiji, Ghana, Nigeria, the United Kingdom, and the United States, which proposed to add to paragraph (3) the words "except where for reasons known before taking post they are required to be resident in specified accommodation ". The amendment had been submitted in order to take into account the situation where nurses are required to be resident in particular or isolated posts, having regard to the absence of other appropriate lodging. The Workers’ members opposed the amendment, since they believed that nurses should never be obliged to live at their place of work and that such a requirement in effect was tantamount to requiring nurses to be on call 24 hours a day. Several Government members also opposed the amendment, while the Employers’ members supported it. The amendment was rejected by 2,223 votes to 2,438, with 437 abstentions.
181. Paragraph (3) was adopted without change.

182. Point 32, as amended, was adopted.

**Point 33 (now Point 35)**

183. Point 33 was adopted without change.

**X. WORKING TIME AND REST PERIODS**

**Point 34 (now Point 36)**

184. The Committee had before it an amendment presented by the Government member of Australia to add at the end of clause (a): “or, where not fixed, the number of hours in excess of which any time worked is remunerated at overtime rates or forms an exception to the recognised rules or custom of the workplace concerned.” The purpose of the amendment was to provide a clearer definition of normal working hours taken from the Reduction of Hours of Work Recommendation, 1962. The amendment was not seconded and therefore not discussed.

185. Point 34 was adopted without change.

**Point 35 (now Point 37)**

186. Point 35 was adopted without change.

**Point 36 (now Point 38)**

**Paragraph (1)**

187. The Committee had before it two amendments bearing on the maximum period for calculating normal weekly hours of work: one, from the Government member of Belgium, was aimed at replacing “two weeks” by “some weeks”; the other, from the Government member of Japan, at deleting all mention of period. The Government member of Belgium pointed out that a period of two weeks was too short and did not correspond to the particular conditions of the profession. The Employers’ members shared that opinion. The Government member of Japan indicated that the mention of two weeks was incompatible with Japan’s national practice; he withdrew his amendment in favour of that presented by the Government member of Belgium. The Workers’ members expressed the belief that a lengthening of the period, especially in a manner as indeterminate as that proposed by the Government member of Belgium, could result, at certain times, in overwork. The Government member of Belgium suggested replacing “some weeks” by “four weeks”. The representative of the Secretary-General stated that the maximum period of two weeks had been proposed by the ILO-WHO Joint Meeting. He quoted from the Reduction of Hours of Work Recommendation, 1962, which stipulated (Paragraph 12): “(1) The calculation of normal hours of work as an average over
a period longer than one week should be permitted when special conditions in certain branches of activity or technical needs justify it. (2) The competent authority or body in each country should fix the maximum length of the period over which the hours of work may be averaged.” The Government member of Switzerland was of the opinion that it was for each government, in consultation with the employers’ and workers’ organisations concerned, to fix the base period. The Government members of Finland, Italy and the Netherlands took up on their own behalf the amendment of the Government member of Japan, which was finally adopted by 2,603 votes to 2,548, with 247 abstentions (vote by show of hands), then by 2,660 votes to 2,454, with 152 abstentions (record vote). The amendment of the Government member of Belgium was no longer applicable and lapsed.

188. Paragraph (1), as amended, was adopted.

Paragraph (2)

189. This paragraph was the subject of four amendments: three, submitted respectively by the Government members of Switzerland and Japan and the Employers’ members, proposed to delete the paragraph; the fourth, from the Government member of the Netherlands, proposed deletion of the specific mention of nursing personnel in connection with measures to be taken to reduce the work week to 40 hours, or failing assent of the Committee in this regard, deletion of the entire paragraph. The authors of these amendments pointed out that nursing personnel should not receive more favourable treatment than others. The Workers’ members underlined the necessity to protect nursing personnel from excessively long hours. The Reduction of Hours of Work Recommendation, 1962, proposed 40 hours as an ideal to be progressively attained; the Committee’s role in proposing an instrument was not to reflect the present national situations but to set objectives. The Employers’ members declared that the developing countries could not afford the luxury of a 40-hour working week and that in any case the hours of work of nursing personnel should be comparable with those of other categories of workers in the same country. The Government members of Chad, Italy, Kenya, the Philippines, Sri Lanka, and the USSR, opposed the amendments, which represented a threat to the physical and mental state of nursing personnel and consequently to their efficiency and finally to the health of their patients. The amendments were rejected by 2,071 votes to 2,594, with 31 abstentions.

190. Paragraph (2) was adopted without change.

191. Point 36, as amended, was adopted.

Point 37 (now Point 39)

Paragraph (1)

192. An amendment submitted by the Government members of Ghana, Kenya, Nigeria, Sri Lanka, Sweden, the United States and Zambia, proposed that daily
hours of work should be continuous. In their view, it was advisable to avoid split shifts, which were highly inconvenient for nursing personnel and for the patients. The Workers' members supported the amendment, as did the Employers' members, with the exception of the Employers' member of Switzerland who, with the Government member of Belgium, estimated that a hospital would not be able to organise the activity of its personnel properly without split shifts. The amendment was adopted.

193. The Government member of Japan presented an amendment aimed at adding the words "in principle" after the word "not": the addition of those words would make the text acceptable from the point of view of Japanese legislation, which permitted an extension of the working day beyond eight hours if it was compensated by a shorter day within a period of four weeks. The Government member of Canada had submitted an amendment providing an exception to the normal eight-hour day in "cases where, by way of collective agreements, arrangements for flexible hours or compressed week exist", it being understood that, "in such cases, the normal working week should remain within the limits referred to in Point 36". The Employers' members declared their preference for the first of these amendments and the Workers' members theirs for the second. The first was rejected by 1,938 votes to 2,424, with 114 abstentions. The Employers' members then agreed to the second amendment which was adopted.

194. Paragraph (1), as amended, was adopted.

Paragraphs (2) and (3)

195. An amendment presented by the Government member of Japan sought to replace the words "in no case" by the words "not, in principle", in order to permit working hours to exceed the maximum of 12 per day in emergencies. The Employers' members expressed their agreement, while the Government members of Bulgaria and Italy as well as the Workers' members were opposed to the amendment, arguing that the possibility which it sought to cover was already envisaged in paragraph (3). The amendment was withdrawn.

196. Paragraphs (2) and (3) were adopted without change.

197. Point 37, as amended, was adopted.

Point 38 (now Point 40)

198. The Workers' members presented an amendment proposing to delete paragraph (1) and to insert in paragraph (2), after the word "be", the words "meal breaks and" thus including breaks for meals in normal hours of work. The Employers' members were opposed to this, considering that it was liable to establish a custom contrary to the current practice for other workers. Several Government members also opposed it; the Government member of Switzerland considered that the proposal would be acceptable only when the nurse remained, throughout the break in question, at the disposal of the employer. The amendment was withdrawn.
199. Point 38 was adopted without change.

**Point 39 (now Point 41)**

200. Point 39 was adopted without change.

**Point 40 (now Point 42)**

201. The Employers' members presented an amendment aimed at replacing Points 40 to 44 by the following: "Entitlements to and compensation for the following should be in conformity with those applicable to other categories of workers as may be governed by law or collective agreements in the country concerned: (a) weekly rest; (b) overtime; (c) inconvenient hours and on-call duty; (d) overtime and work on public holidays; (e) shift work; (f) rest between shifts; (g) paid annual holidays; (h) absence from work due to illness or injury; (i) sick leave." This, in their opinion, covered the same points as the original text, but more simply and leaving out unnecessary details. The Workers' members and several Government members were opposed to the proposal, whereas the Government member of the Netherlands supported it. The Government member of Belgium suggested a sub-amendment involving the insertion of: "taking into account the peculiar conditions in which the work of nursing personnel is performed." The amendment as sub-amended was rejected by 2,546 votes to 3,118, with no abstentions.

202. Point 40 was also the subject of two amendments presented by the Government member of Japan: one, to paragraph (1), proposed that the measures destined to bring weekly rest up to 48 consecutive hours, when the rights of nursing personnel were lower than that level, be introduced "gradually"; the other, to replace paragraph (2) by the following text: "Steps should be taken to bring gradually the weekly rest of nursing personnel to the level of 36 uninterrupted hours or more." The author of these two amendments withdrew them, asking that his views be recorded.

203. Point 40 was adopted without change.

**Point 41 (now Point 43)**

204. Paragraph (1) was adopted without change.

**Paragraph (2)**

205. An amendment proposing the deletion of this paragraph was withdrawn by its author (the Government member of the Federal Republic of Germany) but was taken up by the Government member of Switzerland and supported by the Employers' members. The amendment was opposed by the Workers' members and several Government members. The Government member of Switzerland considered a premium of 50 per cent for overtime and for work on public holidays was excessive; however, he withdrew the amendment.
206. Two further amendments, submitted by the Government members of Belgium and the United Kingdom respectively, sought to delete the reference to remuneration of 150 per cent. They were supported by the Employers' members and by several Government members. Several members stressed that an attempt should be made to discourage overtime work. The Government member of the USSR thought that the original text was sufficiently flexible, as it provided for compensation either in the form of time off or in an increase of pay. According to the Government member of Spain, it seemed fair to pay 150 per cent for work on public holidays but not for overtime on ordinary weekdays. The Workers' members stated that the text would be weakened by the two amendments. However, these were adopted by 2,774 votes to 2,548, with 152 abstentions. A further amendment, submitted by the Government member of Japan, suggested that the remuneration should be "at a higher rate than the normal salary rate". Withdrawn by its author, this amendment was taken up again by the Workers' members, as they felt that overtime was an antisocial practice and would be diminished if it had to be paid at a higher rate than the normal pay rate. The amendment was adopted.

207. Paragraph (2), as amended, was adopted.

Paragraph (3)

208. An amendment submitted by the Government member of Japan sought to restrict the scope of this paragraph by inserting the words "as far as possible". The author's reservation having been noted, the amendment was withdrawn.

209. Paragraph (3) was adopted without change.

210. Point 41, as amended, was adopted.

Point 42 (now Point 44)

Paragraph (1)

211. An amendment, submitted by the Government members of Fiji, Ghana, Kenya, Nigeria, the Philippines, Sierra Leone, Sri Lanka, the United States, and Zambia, sought to specify that the shift work mentioned in this paragraph referred to afternoon and night work. The Workers' members and several Government members were opposed to this, considering that shift work, because of its rotation, was inconvenient even for morning work. The Employers' members also rejected the amendment. The secretariat pointed out that "shift work" was work organised in successive shifts and that "inconvenient hours" were night hours, usually after 10 p.m. The amendment was withdrawn.

212. The Government member of Belgium presented an amendment proposing that shift work should be compensated by an increase in salary "to be fixed by collective bargaining". Seconded by the Government member of the United Kingdom, this amendment was withdrawn in view of opposition from the Employers' and Workers' members.
213. Paragraph (1) was adopted without change.

Paragraph (2)

214. The Government member of Japan submitted an amendment that sought to restrict the scope of this paragraph by inserting the words “as far as possible”. This was withdrawn, subject to the author’s reservations being noted.

215. An amendment submitted by the Workers’ members sought to add a new sentence to Paragraph (2) as follows: “A single shift of duty divided by a period of unremunerated time (‘split shift’) should be totally avoided”. This addition to the text would be in line with the concept of continuous work already accepted in Point 37. The Employers’ members welcomed this amendment although they found it rather rigid. The word “totally” was deleted and the amendment, thus modified, was adopted.

216. Paragraph (2), as amended, was adopted.

217. Point 42, as amended, was adopted.

Point 43 (now Points 45 and 46)

Paragraph (1)

218. An amendment submitted by the Government member of Zambia sought to oblige the nursing personnel to take their annual holiday, in order to avoid their accumulating an excessive amount of leave. The Employers’ members and several Government members seconded this. The Government member of the Netherlands found the amendment too rigid and referred to the Holidays with Pay Convention (Revised), 1970 (No. 132), which provided for holidays being accumulated in certain circumstances. The Workers’ members were in favour of the amendment, which was adopted by 4,045 votes to 1,766, with 551 abstentions.

219. Paragraph (1), as amended, was adopted.

Paragraph (2)

220. The Government member of Japan submitted an amendment seeking to delete this paragraph. Convention No. 132 specified that the minimum standard of paid annual holidays was three weeks; it covered all categories of workers and it was improper to establish a higher standard for nursing personnel. The Government member of the Netherlands presented an amendment aimed at the deletion of the words “for nursing personnel”; it was desirable to extend the length of holidays for all workers, but that should be done by a revision of Convention No. 132 and not by including special provisions in the proposed instrument. These amendments were contested by several Government members and by the Workers’ members. The Employers’ members drew the Committee’s attention to the fact that Convention No. 132, adopted in 1970, had only been ratified by nine countries; it was
therefore surprising that a new text proposed higher standards. A vote was taken on these amendments which were rejected by 2,014 votes to 2,952, with 532 abstentions.

221. Paragraph (2) was adopted without change.

Paragraph (3)

222. Three identical amendments, submitted by the Government members of Japan, the Netherlands and the United Kingdom, respectively, sought to delete this paragraph. In the Netherlands, workers faced with arduous or unpleasant working conditions were only granted additional leave if this was covered in collective agreements. In the United Kingdom, the nursing personnel already received more than the normal annual leave. Finally, Point 31 already provided for remuneration for this type of work. The secretariat recognised that the principle of remuneration appeared twice in the Proposed Conclusions; the Committee might decide to incorporate these two references in one provision. The Workers’ members and several Government members believed that compensation should include both leave and additional remuneration, whereas the Employers’ members and other Government members thought that it should take the form of one or the other, or of a reduction in working hours. The Government member of Spain suggested that there could be two levels of arduous and unpleasant conditions: a lower level would be compensated by special remuneration, whereas more unpleasant conditions would be compensated by supplementary leave. The three amendments were rejected by 2,679 votes to 2,739, with 94 abstentions (vote by show of hands), then by 2,641 votes to 2,739, with 94 abstentions (record vote).

223. On the same subject, an amendment of the Government member of Belgium proposed to replace the words “supplementary annual leave” by the words “adequate compensation” which could also refer to a reduction of working hours. The Government members of Chad, Ghana, Nigeria, Portugal and the United Kingdom supported this amendment, as did the Employers’ members. The Government member of France proposed a sub-amendment, specifying that compensation could be “supplementary annual leave or shorter working hours”. This sub-amendment was rejected by 778 votes to 3,864, with 152 abstentions. The amendment submitted by the Government member of Belgium was adopted by 2,412 votes to 2,268, with 114 abstentions.

224. Paragraph (3), as amended, was adopted.

225. Point 43, as amended, was adopted.

Point 44 (now Point 47)

Paragraph (1)

226. Paragraph (1) was adopted without change.
Paragraph (2)

227. The Government member of the Netherlands submitted an amendment that sought to delete this paragraph; he stated that it was enough to mention, in paragraph (1), the principle of the protection of nursing personnel absent from work by reason of illness or injury. The amendment was not seconded.

228. Paragraph (2) was adopted without change.

229. Point 44 was adopted without change.

Point 45 (now Point 48)

230. Two identical amendments, submitted by the Government members of the Federal Republic of Germany and Japan respectively, aimed at deleting Point 45. The first amendment was withdrawn. The Government member of Japan pointed out that the contents of this Point had already been examined under Point 23. This amendment, not being seconded, was not considered by the Committee.

231. The Employers’ members submitted an amendment that sought to delete the words “in agreement or” in the introductory sentence. They emphasised that the wording retained for Point 23 referred to consultation but not to the agreement of the nursing personnel. As they were not supported by the other groups, they withdrew the amendment and asked that their reservations should be recorded.

232. The Workers’ members proposed the following amendment: to replace the words “the nursing personnel or its freely chosen representatives” by the words “organisations representing nursing personnel”. The Employers’ members objected that there were certain countries in which organisations that could be consulted did not exist; the nursing personnel, in these countries, would therefore be excluded from the procedure of consultation. The Government members of Belgium, Italy and the Netherlands supported the amendment, while those of Chad, Fiji, Kenya, the Philippines and the United Kingdom preferred the original text. The Workers’ members modified their amendment to read: “with the freely chosen representatives of the nursing personnel or organisations representing the nursing personnel”; the Employers’ members accepted this new version of the amendment and it was adopted.

233. The Government member of the United Kingdom submitted an amendment that added the following words to the first sentence: “and in line with any current national pay policy in force”. This amendment was not seconded and was therefore not considered by the Committee.

234. An amendment of the Employers’ members sought to delete the list of the various provisions to be adopted, as this principle had already been adequately dealt with in Part VII (Participation) and in the introductory sentence of Point 45. As the other groups did not favour this proposal, the amendment was withdrawn.
235. The Workers' members submitted an amendment that sought to add a new clause (f): "the determination of working schedules". This amendment was adopted without opposition.

236. Point 45, as amended, was adopted.

XI. OCCUPATIONAL HEALTH PROTECTION

Point 46 (now Point 49)

237. The Government member of Belgium submitted an amendment that sought to put greater emphasis on the need to strengthen national laws and regulations relating to occupational health and safety. At the request of the Workers' members, he accepted a sub-amendment designed to improve the Office text by adding the words "and to strengthen" after the word "adapt" in the first line of the text. The amendment, as sub-amended, was adopted.

238. Point 46, as amended, was adopted.

Point 47 (now Point 50)

239. The Government members of Japan and the Netherlands and the Employers' members proposed the total or partial deletion of this Point, which dealt with the setting up of occupational health services for nursing personnel. The Government member of the Netherlands proposed the deletion of paragraph (2) because he found the priority given to nursing personnel by the fact of setting up occupational services for them inappropriate. These amendments, which were not supported by other members of the Committee, were withdrawn.

240. Point 47 was adopted without change.

Point 48 (now Point 51)

241. The Employers' members, who had submitted an amendment seeking the deletion of this point, believed that the application of the principles contained in the Occupational Health Services Recommendation, 1959, made full provision for health protection of the nursing personnel. Points 48 to 50 of the Office text seemed to be too restrictive in this respect. The Workers' members and several Government members were opposed to the deletion of these Points and supported the Office text. In reply to a question by the Employers' members, the secretariat indicated that the original text of this Point had been mainly based on the Occupational Health Services Recommendation, 1959, and the Protection of Workers' Health Recommendation, 1953. This amendment was rejected by 1,729 votes to 2,592, with 76 abstentions.

242. Point 48 was adopted without change.
Point 49 (now Point 52)

243. An amendment submitted by the Government member of Belgium proposed to insert a new paragraph at the end of this Point, to read: "The medical examinations referred to in paragraphs (1) and (2) above should be carried out by doctors who are neither employees, nor members of the management of the establishment concerned." This was with a view to ensuring confidentiality of medical check-ups. The Employers' members supported the amendment. Several Government members, including those of Fiji and Kenya, pointed out that the scarcity of doctors in certain developing countries would make it impossible for the nursing personnel to consult doctors of other establishments. The Workers' members proposed a sub-amendment which would provide that nurses should not be examined by the doctors with whom they had close working arrangements. As there appeared to be general agreement on the need for objectivity and confidentiality in respect of medical examinations and the taking into account of the workers' point of view, the amendment was adopted and referred to the Drafting Committee. Further amendments seeking to delete or modify the Office text of this Point were withdrawn.

244. Point 49, as amended, was adopted.

Point 50 (now Point 53)

245. Concerning this Point, the Workers' members submitted an amendment which proposed to add to paragraph (1) the following: "The competent authorities should ensure the speedy elimination or control of all hazards to the health of nursing personnel arising from their work." Several members of the Committee felt that it was unlikely that a certain number of occupational hazards, which, by their very nature, were closely linked with the work of the nursing personnel, could be eliminated and that it would be more realistic to envisage reducing such hazards to a minimum. Taking up this idea, the Government member of Jamaica suggested modifying the amendment to read "take all measures necessary to minimise as far as practicable". The amendment, as sub-amended, was adopted. The Drafting Committee subsequently considered that the Workers' members' amendment was covered in Point 48 (2). The other amendments concerning Point 50 were withdrawn.

246. Point 50, as amended, was adopted.

Point 51 (now Point 54)

Paragraph (1)

247. An amendment submitted by the Government member of Belgium, supported by the Government members of the Netherlands and the United Kingdom, proposed replacing the words "or longer annual holidays" by the words "temporary removal from the hazard or rest", which would better protect nurses' health than longer annual holidays. The Workers' and Employers' members did not share this opinion. The amendment was rejected by 684 votes to 4,508, with 228 abstentions.
248. Paragraph (1) was adopted without change.

**Paragraph (2)**

249. Two amendments were submitted to paragraph (2). The first, introduced by the Government member of the United Kingdom, sought to delete the whole paragraph; the second, presented by the Government member of Belgium, sought to delete the word "financial", since he felt that nurses exposed to special hazards might also receive compensation other than financial. A number of Government members described the legislation in their countries on this matter, certain supporting one or the other amendment, while others preferred the Office text of this paragraph. The Workers' members, while recognizing that workers' health was not a commodity and therefore had no price, stressed that there were, at present, many situations and places of work where protective measures were not adequate and that therefore financial compensation in this case was fully justified. The amendment submitted by the Government member of the United Kingdom was rejected by 2,584 votes to 2,628, with 114 abstentions. The amendment submitted by the Government member of Belgium was rejected by 2,698 votes to 2,892, with 76 abstentions.

250. Paragraph (2) was adopted without change.

251. Point 51 was adopted without change.

**Point 52 (now Point 55)**

252. The Workers' members, who attached particular importance to maternity protection, submitted an amendment which proposed inserting, before the existing text of this Point, paragraphs 113, 114, 115 and 117 of Annex I of Report VII (1), concerning maternity leave and maternity protection, and deleting paragraph 2 (a) of this Point. The Government members of Austria, Italy, Kenya, the Philippines, Portugal, Sri Lanka and Venezuela, as well as the Employers' members, supported this amendment. The Government member of Australia pointed out the risk involved in referring to too many ILO instruments, when drawing up a new instrument, as this increased the difficulty for governments who had not ratified all these instruments to accept the new instrument. These views were shared by the Government members of Japan and the United Kingdom, who withdrew their amendments to this Point after the Committee adopted the amendment proposed by the Workers' members.

253. The Government members of Fiji, Ghana, Nigeria, Sri Lanka, Sweden, the United States and Zambia submitted an amendment that sought to replace paragraph (2) (b) by the following: "As far as feasible consideration should be given to assigning pregnant women and mothers of young children to work appropriate to their situation." The Employers' members, in agreement with the Workers' members and the Government members of Austria, Denmark, Finland, France, Norway, Sweden and the USSR stated their preference for the Office text, which
reflected better the measures needed to ensure the protection of pregnant women and mothers of young children, while the Government members of Belgium, Kenya and the Netherlands supported the amendment. This amendment was rejected by 229 votes to 4,946, with 38 abstentions.

254. The Government member of Australia submitted an amendment which sought to replace the word "mothers" in paragraph (2) (b) by the word "parents", to cover male nurses. The Committee accepted the amendment in principle and referred it to the Drafting Committee.

255. Point 52, as amended, was adopted.

Point 53 (now Point 56)

256. Point 53 was adopted without change.

Point 54 (now Point 57)

257. Point 54 was adopted without change.

XII. SOCIAL SECURITY

Point 55 (now Point 58)

258. The Committee considered an amendment presented by the Workers’ members which proposed the substitution of paragraphs 135, 137 and 139 of the Conclusions of the ILO-WHO Joint Meeting for the existing text which they considered to be less explicit. The Committee noted that the Office text had tried to clarify the wording of paragraphs 135 and 137 which were ambiguous and inconsistent, since it was not evident that paragraph 135 also covered self-employed nurses and because paragraph 137 made no distinction between the different levels of protection set out by the various international labour Conventions and Recommendations on social security. Several Government members and the Employers’ members having opposed the amendment because the proposed text might create confusion, the Workers’ members accepted to amalgamate paragraph 135 with the Office text, whose terms "having the same employment status" should be replaced by a better wording, and to delete paragraph 137 while maintaining paragraph 139. In an effort to find an acceptable solution, the following text was elaborated by the Office in consultation with the Workers’ members and the Employers’ members: “(1) Nursing personnel should enjoy social security protection at least equivalent to that of other employed persons, self-employed persons or persons in the public service, as the case may be. This protection should also cover periods of probation and periods of training of persons regularly employed as nursing personnel. (2) The social security protection of nursing personnel should take account of the particular nature of their activity.” This compromise received the general support of the Committee. The amendment, as sub-amended, was unanimously adopted.
259. A group of Government members moved an amendment to add at the end of the first sentence of paragraph (1), as adopted, the words "in the country concerned", with the intention to make the text clearer. The proposal having been supported by the Employers' members and the Workers' members, the amendment was adopted without opposition.

260. Point 55, as amended, was adopted.

Point 56 (now Point 59)

261. The Government member of Australia submitted an amendment to add at the end of the sentence the words "and temporary withdrawal from employment" in order to ensure continuity in the acquisition of rights and the provision of benefits during such periods. This amendment received the general support of the Committee.

262. Point 56, as amended, was adopted.

Point 57 (now Point 60)

263. The Committee jointly considered three amendments to paragraph (2). The amendment presented by the Workers' members proposed that this paragraph read: "The medical records of nursing personnel should be confidential and should not be made available to the employer." The amendment moved by the Government member of the Netherlands was aimed at inserting after the words "confidential and should" the words "as far as consistent with Part XI (Occupational Health Protection)". The third amendment, submitted by the Government member of the United Kingdom, proposed to delete the words "and should be made available to the employer only with the consent of the person concerned". There was general agreement on the necessity to keep the medical records of nursing personnel confidential. The views differed, however, as to which formulation offered the best safeguard. In the light of the discussion, the Government member of the Netherlands withdrew his amendment. The Committee rejected the amendment of the Workers' members by 2,512 votes to 2,546, with 252 abstentions. It adopted the amendment submitted by the Government member of the United Kingdom by 2,698 votes to 2,246, with 380 abstentions.

264. Point 57, as amended, was adopted.

Point 58 (now Point 61)

265. The Committee considered an amendment moved by the Government member of the United Kingdom to replace the word "illness" by the words "prescribed diseases" so as to make the text suitable for countries having the list system. The Committee noted that a certain number of countries did not apply the list system but had included in their legislation a general definition of occupational
diseases making it possible to recognise as such any illness whose occupational origin had been established. It rejected the amendment by 2,394 votes to 2,776, with 190 abstentions.

266. An amendment submitted by the Government member of the Federal Republic of Germany to replace the words “as a result” by the words “in the performance” was withdrawn without discussion.

267. Point 58 was adopted without change.

XIII. SPECIAL EMPLOYMENT ARRANGEMENTS

Point 59 (now Point 62)

268. An amendment to delete the reference to part-time employment in the third line of this Point was submitted by the Government member of Italy. He considered that part-time employment was often disguised underemployment and that part-time employees were particularly vulnerable to exploitation. In addition, part-time employment could create problems in developing countries. In the face of opposition from all three groups—on the grounds, in particular, that the deletion might prevent needed nursing personnel with family obligations from making useful contributions to both nursing services and to their family incomes—he withdrew his amendment, requesting that his reservations (with which the Government member of Portugal, who had seconded the amendment, associated herself) be recorded.

269. Point 59 was adopted without change.

Point 60 (now Point 63)

270. The Government member of the Netherlands had proposed the insertion, in the second line of this Point, of the words “as far as possible” after the word “should”. The amendment was intended to make allowance for the situation of part-time personnel who worked infrequently, in respect of whom special problems of equivalence of treatment might arise, especially concerning pension schemes. The Employers’ members and some Government members supported the amendment, observing among other things that the Office text was inapplicable in their national circumstances and that part-time workers sometimes enjoyed more favourable treatment than full-time personnel. The Workers’ members and other Government members opposed the amendment on the grounds that it left loopholes for the exploitation of part-time personnel. The amendment was rejected by 2,584 votes to 2,814, with no abstentions.

271. Point 60 was adopted without change.
XIV. NURSING STUDENTS

Point 61 (now Point 64)

272. An amendment, submitted by the Workers’ members, to add the words “education and” before “training” at the end of the Point, to bring it in line with earlier changes made in the text was adopted without discussion.

273. Point 61, as amended, was adopted.

Point 62 (now Point 65)

Paragraph (2)

274. The Workers’ members proposed the replacement of the words “qualifications and capacities” in the second line by “level of preparation” to make the text clearer. The amendment was adopted without discussion.

275. Paragraph (2), as amended, was adopted.

Paragraph (3)

276. The Government member of the United Kingdom proposed the replacement of the words “during their training” by “throughout their education and training” to ensure that protection was not confined to the period of practical work only. The amendment was adopted without discussion.

277. Paragraph (3), as amended, was adopted.

278. Point 62, as amended, was adopted.

Point 63 (now Point 66)

279. The Government members of Fiji, Ghana, Sri Lanka, Sweden, the United Kingdom, the United States and Zambia proposed the replacement of the word “defend” by the more positive word “further”. The amendment found general support and was adopted without discussion.

280. Point 63, as amended, was adopted.

XV. INTERNATIONAL CO-OPERATION

Point 64 (now Point 67)

281. The Workers’ members submitted an amendment which proposed to add at the end of clause (a) the words “without lowering standards”, in order to emphasise that international harmonisation of standards for the nursing profession should not involve the lowering of standards. The amendment, supported by the Employers’ members and the Government member of the Netherlands, was adopted.
282. Point 64, as amended, was adopted.

Point 65 (now Point 68)

283. Point 65 was adopted without change.

Point 66 (now Point 69)

284. An amendment submitted by the Workers' members, seeking to insert the words "subject to collective bargaining" after the word "dependent", was withdrawn, the Employers' members and several Government members having declared that they considered that a reference to collective bargaining was inappropriate in the context of a Point relating to international co-operation.

285. Point 66 was adopted without change.

Point 67 (now Point 70)

286. An amendment submitted by the Government member of the Federal Republic of Germany, which sought to delete this Point, was withdrawn, having regard to the other amendments before the Committee. The Government member of the United Kingdom submitted an amendment which proposed to replace the word "should" by the word "may". The amendment was supported by the Employers' members and several Government members. The Workers' members, who initially opposed the amendment, accepted it after having heard the views of the other members. The amendment was adopted. Another amendment, submitted by the Government member of Japan with a view to inserting the words "subject to agreement with the employer", was withdrawn, having regard to the adoption of the preceding amendment.

287. Point 67, as amended, was adopted.

Point 68 (now Point 71)

288. The Workers' members submitted an amendment which sought to insert the words "and language ability" after the word "qualifications", as this was important for the safety of the patient. The amendment was supported by the Government members of Portugal, Sri Lanka and Zambia, and of Denmark, Finland, Norway and Sweden, who believed that language ability was essential to the practice of the nursing profession. The Employers' members, as well as the Government members of the Federal Republic of Germany and the USSR, considered that the term "qualifications" in the existing text adequately covered language ability, and opposed the amendment. The amendment was adopted by 3,292 votes to 1,254, with 323 abstentions.

289. An amendment submitted by the Government member of the United Kingdom, which sought to replace the words "the competent authority" by the words
"the licensing body", was withdrawn by its author after several members had pointed out that not all countries had licensing bodies and that the term "competent authority" in the original text would refer to the licensing body in those countries where such bodies existed. A similar amendment, submitted by the Government members of Ghana, Sri Lanka, Sweden, the United States and Zambia was withdrawn.

290. Point 68, as amended, was adopted.

Point 69 (now Point 72)

Paragraph (1)

291. The Government member of Belgium submitted an amendment which sought to replace paragraph (1) by the following: "Recruitment of foreign nursing personnel should be authorised only if there is a lack of qualified personnel for the posts to be filled, ready to accept the conditions offered, in the country of employment. Shortages of nursing personnel existing in the country of origin should also be taken into account." In the light of the discussions which had taken place during the World Employment Conference he modified his amendment, with a view to aligning it with the text of a similar point which was before that Conference, as follows: "Countries of employment should refrain from recruiting foreign nursing personnel: (a) if there is qualified personnel for the posts to be filled, ready to accept the conditions offered, in the country of employment; (b) if there is a shortage of nursing personnel with the qualifications sought in the country of origin." In reply to a request by the Government member of Belgium, the representative of the Secretary-General read out the definition of "recruitment" in Article 2 (a) of Annex I to the Migration for Employment Convention (Revised), 1949, which was as follows: "The term 'recruitment' means— (i) the engagement of a person in one territory on behalf of an employer in another territory, or (ii) the giving of an undertaking to a person in one territory to provide him with employment in another territory, together with the making of any arrangements in connection with the operations mentioned in (i) and (ii) including the seeking for and selection of emigrants and the preparation for departure of the emigrants." The Government members of Chad, France and the Netherlands supported the amendment as sub-amended, while the Workers' and Employers' members opposed it, pointing out that the World Employment Conference had not yet adopted the text on which the amendment was based. Having regard to the opposition expressed, the amendment was withdrawn by its author.

292. Paragraph (1) was adopted without change.

Paragraph (2)

293. An amendment submitted by the Government members of Fiji, Ghana, Sri Lanka, Sweden, the United Kingdom, the United States and Zambia sought to insert the words "for employment" after the words "nursing personnel" in paragraph (2), in order to take into account the fact that some foreign nurses were recruited
for training as a pretext, but actually were set to work like ordinary employees. The amendment was supported by the Employers' and Workers' members and adopted.

294. An amendment seeking to delete paragraph (2), submitted by the Government member of Japan, was withdrawn.

295. Paragraph (2), as amended, was adopted.

296. Point 69, as amended, was adopted.

_Point 70 (now Point 73)_

297. The Committee examined several amendments to this Point simultaneously. Two amendments, one submitted by the Government member of the Federal Republic of Germany, and the other by the Government members of Fiji, Ghana, Sri Lanka, Sweden, the United States and Zambia, sought to delete this Point. Another amendment, submitted by the Workers' members, proposed to replace this Point by the following: "Nursing personnel employed or in training abroad should be given all facilities necessary to encourage their return to their country when they desire to do so", while an amendment submitted by the Government member of Belgium proposed to replace the words "Measures should be taken to encourage" by the words "Bilateral agreements should be concluded when necessary to encourage". The authors of several of these amendments indicated that, although they appreciated the need to encourage foreign nursing personnel to return home, they believed that foreign nursing personnel should do so of their own free will and not be subject to pressure in this regard. The authors of one of the other amendments indicated that they felt that this Point conflicted with the preceding Point concerning recruitment. As there was general agreement that the amendment submitted by the Workers' members safeguarded the freedom of choice for nursing personnel to return to their country of origin, this amendment was adopted and the others were withdrawn.

298. Point 70, as amended, was adopted.

_Point 71 (now Point 74)_

299. The Committee considered an amendment submitted by the Government member of Australia to add after the words "member States should" the words "in accordance with national practice". He pointed out that this provision was placed in the context of international co-operation which, as regards social security, involved very complex matters. The proposed addition to the text would make it easier for some governments to adopt the instrument, in particular federal States for constitutional and legal reasons. The Employers' members supported the amendment on the grounds that national practice varied from place to place according to existing situations and necessity. The Workers' members and the Government member of the USSR opposed the amendment for several reasons. The Workers'
members felt that a reference to national practice weakened the Office text because it gave governments a possibility to take no action at all. The Government member of the USSR stated that the primary objective was the protection of migrant workers. In some countries, national practice might be discriminatory, and such countries should not be given an opportunity to persist in this attitude. The Committee adopted the amendment by 2,489 votes to 2,248, with 114 abstentions.

300. Another amendment submitted by the Government member of the USSR proposed to add at the end of clause (a) the words "of equivalent training and experience", with the intention of making the text clearer. The Workers' members moved a sub-amendment to the amendment to insert after the word "equivalent" the word "education". The Committee decided to take the sub-amendment and amendment together. It noted, however, that the proposed addition introduced a limitation to the Office text, so that the Workers' members no longer favoured the proposal. The Employers' members also having stated their opposition to the amendment as sub-amended, it was withdrawn by its sponsor.

301. Point 71, as amended, was adopted.

I. FORM OF THE INTERNATIONAL INSTRUMENT (cont.)

302. Having completed the consideration of the substantive Points in the Proposed Conclusions, the Committee turned back, as it had decided, to the question of the form of the international instrument.

Point 1

303. The Workers' members submitted an amendment on this Point, proposing that the Conclusions should propose two instruments—a Convention and Recommendation—instead of one instrument—a Recommendation. They considered that the Proposed Conclusions as adopted contained material for both a Convention laying down general principles and a Recommendation containing the remaining more detailed provisions. The Office might be entrusted with the task of drafting the two instruments following adoption of their amendment. It was vital to adopt an instrument which would give real impetus to the improvement of the conditions of nurses.

304. The Employers' members had from the outset considered the Proposed Conclusions too detailed to form the subject of a Convention. During the discussions the Proposed Conclusions had been made even more detailed, and their preference for a Recommendation had in consequence been strengthened further. A Recommendation would have sufficient flexibility to take account of differences in national conditions, particularly between developed and developing countries. They feared that a Convention on the subject, embodying the Proposed Conclusions as they stood, might not be ratified or implemented.
305. The positions expressed by Government members varied. One Government member pointed out that the ILO had already adopted Conventions dealing with the conditions of seamen, fishermen and agricultural workers and that the adoption of a Convention and Recommendation to improve the conditions of such an important category of persons as nursing personnel was long overdue. Another considered that a Convention would be a more effective means of dealing with nurses' problems inasmuch as it would be binding on States that ratified it. The danger that only a few countries would do so might be averted by judicious separation of the Points most suitable for a Convention from those more suitable for a Recommendation. Others supported in more general terms the principle of adopting a Convention and a Recommendation. Among the Government members preferring a Recommendation alone, one pointed out that instruments which set excessively high or too detailed standards, although they might influence government policies to some extent, were unlikely to be ratified by many countries. Another suggested that a Recommendation would be the most appropriate form of instrument initially and that it might be supplemented by a Convention later. Yet another emphasised that a Convention which was not widely ratified would serve no purpose.

306. One Government member found it difficult to choose between the two alternatives, since it was not known what the content of a Convention—which might in principle be acceptable—would be.

307. When the vote was taken the amendment was rejected by 2,546 votes to 3,040, with 76 abstentions.

308. Point 1 was adopted without change.

309. Following the vote a representative of the Government members of Denmark, Finland, Norway and Sweden stated that, although those countries had voted in favour of a Recommendation, they had been prepared to envisage the possibility of adopting a Convention; however, there had been no time, during the session, to discuss which elements of the Proposed Conclusions might appropriately have been included in such an instrument. The governments concerned therefore proposed that, without prejudice to the decision which the Conference might reach on the matter at its 1977 Session, the Office be invited to include in the report to be submitted to that session suggestions concerning the provisions in the Conclusions which might constitute an acceptable Convention, in order to provide a basis for discussion when the question was raised again in 1977, as it no doubt would be.

310. The proposal was endorsed by the Workers' members and several Government members; other Government members, however, expressed reservations, and the Employers' members expressed strong opposition. In particular, the Employers' members considered that it would suffice to reflect the proposal made by the Government members of Denmark, Finland, Norway and Sweden in the report to be submitted to the Conference at its 1977 Session.
311. The question of the legal receivability of the proposal having been also raised, the Assistant Legal Adviser of the ILO explained that, in accordance with the Standing Orders of the Conference, the Office could take fully into account the different points raised during the first discussion in the preparation of the report to be submitted to governments within two months of the end of the Conference session. The report which the Office would submit to the 1977 Session of the Conference would be based on the comments of governments on those points. It was therefore open to the Office to consult governments on the question of the adoption of a Convention, a Recommendation, or both. Normally, since the Committee had decided in favour of a Recommendation, it would not do so. However, it was still possible for the report which would be sent to governments following the end of the current session of the Conference to draw attention to the view, expressed by several Government members, that it would be helpful if the Office were to make some suggestions concerning the content of a possible Convention on the subject under consideration.

312. The Employers’ members having expressed the wish that their opposition to the proposal made by the representatives of the Nordic countries be recorded, the Committee agreed that, in communicating the Conclusions adopted by the Conference to governments in accordance with the Standing Orders of the Conference, the Office would inform governments of the views expressed by certain Government members of the Committee concerning the possibility of adopting a Convention on the subject of employment and conditions of work and life of nursing personnel and invite comments thereon.

XVI. METHODS OF APPLICATION

Point 72 (now Point 75)

313. Point 72 was adopted without change.

Point 73 (now Point 76)

314. Two amendments were submitted on this Point, respectively by the Government members of Japan and of the Federal Republic of Germany; the first proposed the deletion of the Point and the second the deletion of the “Suggestions concerning Application” as well.

315. The proposers of the amendments argued that the Suggestions were too detailed to be included in the proposed instrument. This viewpoint was supported by the Employers’ members, who in addition considered that member States were fully competent to decide on methods of practical application of international instruments and did not require guidance of the kind offered in the Suggestions. They proposed that the Suggestions should be referred back to the Office with a request that the latter forward them to governments, together with the Conclusions
of the Committee, for further comment, observing that the Committee had not had time to consider them.

316. The Workers’ members, having reserved their position pending the decision on the form of the international instruments, took the view that, since the latter was to be a detailed Recommendation, it was essential that the Suggestions should be included in the text in order to ensure the fullest possible coverage of the subject matter. While clearly the substance of the Suggestions could not be discussed by the Committee this year, the Workers’ members considered that the Office should be requested to review them in the light of the Committee’s discussions and submit an appropriately revised text thereof to the 1977 Session of the Conference.

317. In reply to questions concerning the legal status of the Suggestions, the representative of the Secretary-General explained that, while in a Convention they would have no place, in a Recommendation they would serve to develop certain points requiring more detailed treatment than was possible in the main text, with a view to ensuring a maximum of flexibility in the latter’s provisions. He also pointed out that, in view of the substantial changes which the Committee had made in the Proposed Conclusions, meaningful discussion of the Suggestions would be difficult at the present stage. This point was generally accepted by the Committee.

318. The amendments concerning the deletion of Point 73 and the Suggestions were rejected by 2,470 votes to 3,116, with 76 abstentions.

319. It was agreed that the text of the Suggestions, amended by the Office as might be necessary in the light of the Committee’s Conclusions, would be submitted to governments for comment in the report which would be prepared by the Office on the basis of the proceedings of the Committee. The text would be further revised by the Office in the light of the comments received from governments; the text thus revised would be submitted to the Conference for consideration in 1977.

320. Point 73 was adopted without change.

Examination and Adoption of the Committee’s Report, the Proposed Conclusions and the Resolution

321. At its 18th sitting, the Committee examined its draft report and the Proposed Conclusions as revised by the Drafting Committee.

322. On introducing the draft report, the Reporter explained that the text would be subject to final editing before appearing in the Provisional Record; in particular, the correlation between the numbering of the original text of the Proposed Conclusions and that of the text to be adopted by the Committee would be indicated.

323. The Committee examined the draft report, paragraph by paragraph, it being understood that the members would submit to the Reporter in writing any changes that they wished made to those passages in which their statements, made
during the Committee's work, were reflected. They would then be included in the final text.

324. Paragraphs 1 to 309 were approved.

325. Concerning paragraph 310, the Employers' members asked that the report should record their "strong opposition" and not merely their "reservations" to the proposal of the Government members of Denmark, Finland, Norway and Sweden. They also asked that the report of the 1977 Conference should "reflect" this proposal and not "draw attention" to it. The paragraph, thus amended, was approved.

326. Paragraphs 311 to 320 were approved.

327. The report was approved in its entirety.

328. With reference to the Proposed Conclusions, the Reporter explained that it was necessary for the Drafting Committee to standardise, whenever possible, the terms used to refer to the representation of nursing personnel. Furthermore, she pointed out that the Drafting Committee had judged it expedient to specify in a special paragraph—31 (5)—that the remuneration of nursing personnel should be fixed by collective agreement, rather than refer to this system in two other paragraphs which were not devoted to this subject. Finally, the Drafting Committee had thought it preferable to deal with the question of compensation for unpleasant work in a separate Point—46—rather than in a paragraph of a Point concerning paid annual leave.

329. The Proposed Conclusions were approved Point by Point. The Employers' members then asked that their reservations be recorded on the following Points: 24; 25 (2) (b); 29 (3); 31 (1); 34 (1); 42 (1); 45 (2); 54 (2); 61; 71 (2); and 73. Concerning Point 31 (1), they could not accept the expression "their needs". Concerning Point 54 (2), they made a reservation on the word "financial". In Point 61 they reiterated that only prescribed diseases could be recognised for purposes of compensation for occupational diseases. In Point 73, they objected to the use of the words "to be repatriated", while the text originally adopted by the Committee had only spoken of "return home". On this last question the Reporter explained that the Drafting Committee had preferred the use of the word "repatriated", to distinguish between going home permanently and going home on a short visit only.

330. Subject to these reservations—to which the Workers' members objected on the grounds that they had been expressed during the earlier discussions and should not have been repeated at this late stage of the proceedings—the Committee approved the Proposed Conclusions as a whole.

331. The text of a resolution to place on the agenda of the next ordinary session of the Conference an item entitled "Employment and Conditions of Work and Life of Nursing Personnel" was adopted unanimously.

---

1 New numbering.
Proposed Conclusions, Submitted by the Committee

I. FORM OF THE INTERNATIONAL INSTRUMENT

1. (1) An international instrument on the employment and conditions of work of nursing personnel should be adopted.

(2) The instrument should take the form of a Recommendation.

II. PREAMBLE

2. The Preamble of the proposed instrument should recognise the vital role played by nursing personnel, together with the other categories of health personnel, in the protection and improvement of the health and welfare of the population.

3. The Preamble should recognise and stress that there is a need to expand health services through co-operation between governments and employers’ and workers’ organisations concerned in order to ensure the provision of nursing services appropriate to the needs of the community.

4. The Preamble should further recognise that the public sector as an employer of nursing personnel should play a particularly active role in the improvement of conditions of employment and work of nursing personnel.

5. The Preamble should note that the present situation of nursing personnel in many countries, in which there is a shortage of qualified persons and existing staff is not always utilised to best effect, is an obstacle to the development of effective health services.

6. The Preamble should recall that nursing personnel are covered by many international labour Conventions and Recommendations laying down general standards concerning employment and conditions of work, such as instruments on discrimination, on freedom of association and the right to bargain collectively, on voluntary conciliation and arbitration, on hours of work, holidays with pay and paid educational leave, on social security and welfare facilities, and on maternity protection and the protection of workers’ health and should appeal to all governments to apply these principles in practice. At the same time the Preamble should express the view that the special conditions in which nursing is carried out make it desirable to supplement these general standards by standards specific to nursing personnel, designed to enable them to enjoy a status corresponding to their role in the field of health and acceptable to them.

7. The Preamble should indicate that the proposed standards have been framed in co-operation with the World Health Organisation and that there will be continuing co-operation in promoting and securing their application.
III. Scope

8. For the purpose of the proposed instrument, the term “nursing personnel” should cover all those categories of persons providing nursing care and services.

9. (1) The proposed instrument should apply to all nursing personnel, wherever they work.

(2) The competent authority should be authorised, after consultation of the organisations representing nursing personnel and the employers concerned, where such organisations exist, to establish special rules concerning voluntary nursing personnel; these rules should not derogate from the provisions of the proposed instrument concerning education and training, the practice of the profession and occupational health protection.

IV. Policy concerning Nursing Services and Nursing Personnel

10. (1) Member States should adopt and apply a policy concerning nursing services and nursing personnel designed, in the framework of a general health programme, to provide the quantity and quality of nursing care necessary for attaining the highest possible level of health for the population, within the resources available for health care as a whole. Such a policy should be evolved in consultation with the employers’ and workers’ organisations concerned.

(2) That policy should be co-ordinated with policies relating to other aspects of health care, and to other health personnel, in consultation with representatives of the latter.

(3) It should cover the adoption of laws or regulations concerning education and training for and the practice of the nursing profession and the adaptation of such laws or regulations to developments in the qualifications and responsibilities required of nursing personnel to meet all calls for nursing services.

(4) It should also cover measures—

(a) to facilitate the effective utilisation of nursing personnel in the country as a whole;

(b) to promote the fullest use of the qualifications of nursing personnel in the employing establishment.

11. (1) Measures should be taken, in consultation with the employers’ and workers’ organisations concerned, to establish a rational nursing personnel structure by classifying nursing personnel in a limited number of categories determined by reference to education and training, level of functions and authorisation to practise.

(2) Such a structure may include the following categories, in accordance with national practice:

(a) professional nurses, having the education and training recognised as necessary for assuming highly complex and responsible functions, and authorised to perform them;
auxiliary nurses, having at least the education and training recognised as necessary for assuming less complex functions, under the supervision of a professional nurse as appropriate, and authorised to perform them;

(c) nursing aides, having education and/or on-the-job training enabling them to perform specified tasks under the supervision of a professional or auxiliary nurse.

12. (1) The functions of nursing personnel should be classified according to the level of judgement required, the authority to take decisions, the complexity of the relationship with other functions, the level of technical skill required, and the level of responsibility for the quality and quantity of nursing services provided.

(2) The resulting classification should be used to ensure greater uniformity of employment structure in the various establishments, areas and sectors employing nursing personnel.

(3) In no circumstances should a lower category of nursing personnel be used as substitute for a higher.

V. EDUCATION AND TRAINING

13. (1) Measures should be taken to provide the necessary information and guidance on the nursing profession to persons wishing to take up nursing as a career.

(2) Where appropriate, basic nursing education should be conducted in educational institutions within the framework of the general education system of the country at a level similar to that of comparable professional groups.

(3) Laws or regulations, the competent authority or competent and recognised professional bodies should prescribe the basic requirements regarding nursing training and provide for the supervision of such training.

(4) Nursing education and training should be organised by reference to recognised community needs, taking account of resources available in the country, and should be co-ordinated with the training of other categories of health personnel.

14. (1) Nursing education and training should include both theoretical and practical training in conformity with an officially recognised programme.

(2) Practical training should be given in approved preventive, curative and rehabilitation services, under the supervision of qualified nurses.

15. (1) The duration of basic nursing education and training should be related to the minimum educational requirements for entry to training and to the purposes of training.

(2) There should be two levels of approved basic education and training—

(a) an advanced level, designed to train professional nurses having sufficiently wide and thorough skills to enable them to provide the most complex nursing care and to organise and evaluate nursing care, in hospitals and public
health services; as far as possible, students accepted for training at this level should have the background of general education required for entry to universities;

(b) a less advanced level, designed to train auxiliary nurses able to provide general nursing care which is less complex but which requires technical skills and aptitude for personal relations; students accepted for training at this level should have attained as advanced a level as possible of secondary education.

16. There should be programmes of higher nursing education to prepare nursing personnel for the highest responsibilities in nursing care, in the administration of nursing services, in teaching and in research.

17. Nursing aides should be given training appropriate to their functions.

18. (1) Programmes of continuing education should be an integral part of the training programme and be available to all so as to ensure the updating and upgrading of knowledge and skills and to enable nursing personnel to acquire and apply new ideas and techniques in the field of nursing and related sciences.

(2) Planning for continuing nursing education should include provision for programmes which would facilitate re-entry into nursing.

VI. PRACTICE OF THE NURSING PROFESSION

19. The laws or regulations concerning the practice of the nursing profession should—

(a) specify the requirements for the practice of the nursing profession as professional nurse or as auxiliary nurse, and, where the possession of certificates attesting the attainment of the required level of training does not automatically imply the right to practise the profession, empower a body including representatives of nursing personnel to grant licences;

(b) limit the practice of the profession to duly authorised persons;

(c) be reviewed and updated, as necessary, in accordance with current advances and practices in the profession.

20. The standards concerning nursing practice should be co-ordinated with those concerning the practice of other health professions.

21. (1) Nursing personnel should not be assigned to work which goes beyond their qualifications and competence.

(2) Where individuals are not qualified for work on which they are already employed, they should be trained as quickly as possible to obtain the necessary qualifications, and their preparation for these qualifications should be facilitated.

22. Consideration should be given to the measures which may be called for by the problem of civil liability of nursing personnel arising from the exercise of their functions.
23. Where disciplinary rules applicable to nursing personnel are established, they should be determined with the participation of representatives of nursing personnel and should guarantee such personnel a fair judgement and adequate appeal procedures, including the right to be represented by persons of their choice at all levels.

24. Nursing personnel should be able to refuse to perform specific duties where performance would conflict with their religious, moral or ethical convictions—subject to informing their supervisor in good time and being satisfied that nursing care is ensured—without being penalised.

VII. PARTICIPATION

25. (1) Measures should be taken to promote the participation of nursing personnel in planning and decisions concerning them, at all levels, in a manner appropriate to national conditions.

(2) In particular—

(a) qualified representatives of nursing personnel in the meaning of Article 3 of the Workers’ Representatives Convention, 1971, should be associated with the elaboration and application of policies and general principles regarding the nursing profession, including those regarding education and training and the practice of the profession;

(b) conditions of employment and work should be determined by negotiation between the organisations representing nursing personnel and the employers; representative organisations of nursing personnel should be afforded appropriate joint machinery, such as mediation, conciliation and voluntary arbitration, to deal with the settlement of disputes arising out of terms and conditions of employment, with a view to making it unnecessary for nursing personnel to have recourse to such other steps as are normally open to organisations of other workers in the defence of their legitimate interests;

(c) in the employing establishment, nursing personnel should be associated with decisions relating to their professional life, in a manner appropriate to the questions at issue.

(3) Representatives of nursing personnel should be assured the protection provided for in the Workers’ Representatives Convention and Recommendation, 1971.

VIII. CAREER DEVELOPMENT

26. (1) Measures should be taken to give nursing personnel reasonable career prospects by providing for a sufficiently varied and open range of possibilities of professional advancement, leadership positions in administration, education and research and a remuneration structure giving adequate reward for the acceptance of increased responsibilities and of functions which are technically more difficult.
(2) These measures should also give recognition, in remuneration, to the importance of functions involving direct relations with patients and the public.

27. Measures should be taken to give nursing personnel advice and guidance on career prospects, including advice and guidance on re-entry into the profession after a period of interruption.

28. In determining the level at which nursing personnel re-entering the profession after an interruption of its practice should be employed, account should be taken of previous nursing experience and the duration of the interruption.

29. (1) Nursing personnel wishing to participate in programmes of continuing training and capable of doing so should be given the necessary facilities.

(2) These facilities might consist in the grant of paid or unpaid educational leave, adaptation of hours of work, and payment of study or training costs.

(3) Employers should provide staff and facilities for in-service training of nursing personnel at the workplace.

30. Nursing personnel should be granted paid educational leave in accordance with the Paid Educational Leave Convention, 1974.

IX. Remuneration

31. (1) The remuneration of nursing personnel should be fixed at levels which are commensurate with their needs, qualifications, responsibilities, duties and experience, which take account of the constraints and hazards inherent in the profession, and which are likely to attract persons to and retain them in the profession.

(2) Levels of remuneration should bear comparison with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities.

(3) Levels of remuneration for nursing personnel having similar or equivalent duties and working in similar or equivalent conditions should be comparable, whatever the establishments or sectors in which they work.

(4) Remuneration should be adjusted from time to time to take into account variations in the cost of living and rises in the national standard of living.

(5) Preferably the remuneration of nursing personnel should be fixed by collective agreement.

32. Scales of remuneration should take account of the classification of functions and responsibilities recommended in Points 11 and 12 and of the principles of career policy set out in Point 26.

33. Nursing personnel who work in particularly arduous or unpleasant conditions should receive financial compensation for this.

34. (1) Remuneration should be payable entirely in money.
(2) Deductions from wages should be permitted only under conditions and to the extent prescribed by national laws or regulations or fixed by collective agreement or arbitration award.

(3) Nursing personnel should be free to decide whether to use the services provided by the employer or not.

35. Work clothing, medical kits, transport facilities and other supplies required by the employer or necessary for the performance of the work should be provided by the employer to nursing personnel and maintained free of charge.

X. WORKING TIME AND REST PERIODS

36. In the proposed instrument—

(a) the term “normal hours of work” should mean the number of hours fixed in each country by or in pursuance of laws or regulations, collective agreements or arbitration awards;

(b) the term “overtime” should mean hours worked in excess of normal hours of work;

(c) the term “on-call duty” should mean periods of time during which nursing personnel is at the disposal of the employer, at the workplace or not, in order to respond to possible calls;

(d) the term “inconvenient hours” should mean hours worked on other than the normal working days and at other than the normal working time of the country.

37. The time during which nursing personnel are at the disposal of the employer—such as the time needed to organise their work and the time needed to receive and to transmit instructions—should be counted as working time for nursing personnel, subject to possible special provisions concerning on-call duty.

38. (1) The normal weekly hours of work of nursing personnel should not be higher than those set in the country concerned for workers in general.

(2) Where the normal working week of workers in general exceeds 40 hours, steps should be taken to bring it down to that level as rapidly as possible for nursing personnel, without any reduction in salary, in accordance with Paragraph 9 of the Reduction of Hours of Work Recommendation, 1962.

39. (1) Normal daily hours of work should be continuous and not exceed eight hours, except where arrangements are made by collective agreements for flexible hours or a compressed week; in any case, the normal working week should remain within the limits referred to under Point 38 (1) above.

(2) The working day, including overtime, should in no case exceed 12 hours.

(3) Temporary exceptions to the provisions of this Point should be authorised only in case of special emergency.

40. (1) There should be meal breaks of reasonable duration.
(2) There should be rest breaks of reasonable duration, included in the normal hours of work.

41. Nursing personnel should have sufficient notice of working schedules to enable them to organise their personal and family life accordingly.

42. (1) Where nursing personnel are entitled to less than 48 hours of continuous weekly rest, steps should be taken to bring their weekly rest to that level.

(2) The weekly rest of nursing personnel should in no case be less than 36 uninterrupted hours.

43. (1) There should be as little recourse to overtime work, work at inconvenient hours and on-call duty as possible.

(2) Overtime and work on public holidays should be compensated, either in time off or in remuneration at a higher rate than the normal salary rate.

(3) Work at inconvenient hours other than public holidays should be compensated by an addition to salary.

44. (1) Shift work should be compensated by an increase in salary which should not be less than that applicable to shift work in other employment in the country.

(2) Nursing personnel assigned to shift work should have a period of continuous rest of at least 12 hours between shifts.

(3) A single shift of duty divided by a period of unremunerated time ("split shift") should be avoided.

45. (1) Nursing personnel should be entitled to, and required to take, a paid annual holiday of at least the same length as other workers in the country.

(2) Where the length of the paid annual holiday is less than four weeks for one year of service, steps should be taken to bring it to that level as rapidly as possible for nursing personnel.

46. Nursing personnel who work in particularly arduous or unpleasant conditions should be entitled to adequate compensation.

47. (1) Nursing personnel absent from work by reason of illness or injury should be entitled, for a period and in a manner determined by laws or regulations, or by collective agreements, to—

(a) maintenance of the employment relation and of rights deriving therefrom;
(b) income security.

(2) The laws or regulations, or collective agreements, establishing sick leave entitlements should distinguish between—

(a) cases in which the illness or injury is service-incurred;
(b) cases in which the person concerned is not incapacitated for work but absence from work is necessary to protect the health of others;
(c) cases of illness or injury unrelated to work.

48. In accordance with Point 25 above, decisions concerning the organisation of work, working time and rest periods should be taken in agreement or in consultation with freely chosen representatives of the nursing personnel or with organisations representing them. They should bear, in particular, on—

(a) the determination of the hours to be regarded as inconvenient hours;
(b) the conditions in which on-call duty will be counted as working time;
(c) the conditions in which the exceptions provided for in Point 39 (3) will be authorised;
(d) the length of the breaks provided for in Point 40 and the manner in which they are to be taken;
(e) the modalities of payment of the compensation provided for in Points 43 and 44;
(f) the determination of working schedules.

XI. OCCUPATIONAL HEALTH PROTECTION

49. Member States should endeavour to adapt laws and regulations on occupational health and safety to the special nature of nursing work and of the environment in which it is carried out, and to strengthen them.

50. (1) Nursing personnel should have access to occupational health services operating in accordance with the provisions of the Occupational Health Services Recommendation, 1959.

(2) Where occupational health services have not yet been set up for all undertakings, medical care establishments employing nursing personnel should be amongst the undertakings for which in accordance with Paragraph 4 of that Recommendation such services should be set up in the first instance.

51. (1) Member States and the employers’ and workers’ organisations concerned should pay particular attention to the provisions of the Protection of Workers’ Health Recommendation, 1953, and endeavour to ensure its application to nursing personnel.

(2) All appropriate measures should be taken in accordance with Paragraphs 1 to 7 of that Recommendation to prevent, reduce or eliminate risks to the health or safety of nursing personnel.

52. (1) Nursing personnel should undergo medical examinations on taking up and terminating an appointment, and at regular intervals during their service.

(2) Nursing personnel regularly assigned to work involving special risks should undergo examinations during their service more frequently than nursing personnel in general.

(3) Objectivity and confidentiality should be assured in examinations provided for in this Point; these examinations should not be carried out by doctors with whom the persons examined have a close working relationship.
53. (1) Studies should be undertaken—and kept up to date—to determine special risks to which nursing personnel may be exposed in the exercise of their profession so that these risks may be prevented and, as appropriate, compensated.

(2) For that purpose, cases of occupational accidents and cases of diseases recognised as occupational under laws or regulations concerning employment injury benefit, or liable to be occupational in origin, should be notified to the competent authority, in a manner to be prescribed by national laws or regulations, in accordance with Paragraphs 14 to 17 of the Protection of Workers' Health Recommendation, 1953.

54. (1) Measures such as shorter hours, more frequent rest breaks, or longer annual holidays should be provided for as regards nursing personnel regularly assigned to duties involving special risks so as to reduce their exposure to these risks.

(2) In addition, nursing personnel who are unavoidably exposed to special risks should receive financial compensation.

55. (1) Nursing personnel, without distinction between married and unmarried persons, should be assured the benefits and protection provided for in the Maternity Protection Convention (Revised), 1952 and the Maternity Protection Recommendation, 1952.

(2) Maternity leave should not be considered sick leave.

(3) The Employment (Women with Family Responsibilities) Recommendation, 1965, should be applied to nursing personnel.

(4) Pregnant women and parents of young children whose normal assignment could be prejudicial to their health or that of their child should be transferred, without loss of entitlements, to work appropriate to their situation.

56. The collaboration of nursing personnel and of organisations representing them should be sought in ensuring the effective application of provisions concerning the protection and safety of nursing personnel.

57. Appropriate measures should be taken for the supervision of the application of the laws and regulations and other provisions concerning the protection of the health and safety of nursing personnel.

XII. Social Security

58. (1) Nursing personnel should enjoy social security protection at least equivalent to that of other employed persons, self-employed persons or persons in the public service, as the case may be, in the country concerned. This protection should also cover periods of probation and periods of training of persons regularly employed as nursing personnel.

(2) The social security protection of nursing personnel should take account of the particular nature of their activity.
59. As far as possible, appropriate arrangements should be made to ensure continuity in the acquisition of rights and the provision of benefits in case of change of employment and temporary cessation of employment.

60. (1) Where the social security scheme gives protected persons the free choice of doctor and medical institution, nursing personnel should enjoy the same freedom of choice.

(2) The medical records of nursing personnel should be confidential.

61. National laws or regulations should make possible the compensation, as an occupational disease, of any illness contracted by nursing personnel as a result of their work.

XIII. SPECIAL EMPLOYMENT ARRANGEMENTS

62. With a view to making the most effective use of available nursing personnel and to preventing the withdrawal of qualified persons from the profession, measures should be taken to make possible temporary and part-time employment, on terms acceptable to the personnel.

63. The conditions of employment of temporary and part-time nursing personnel should be equivalent to those of permanent and full-time staff respectively, their entitlements being, as appropriate, calculated on a pro-rata basis.

XIV. NURSING STUDENTS

64. Nursing students should enjoy the rights and freedoms of students in other disciplines, subject only to limitations which are essential for their education and training.

65. (1) Practical work of nursing students should be organised and carried out by reference to their training needs. It should in no case be used as a means of meeting normal staffing requirements.

(2) During their practical work, nursing students should only be assigned tasks which correspond to their level of preparation.

(3) Throughout their education and training, nursing students should have the same health and legal protection as nursing personnel.

66. During their training, nursing students should receive precise and detailed information on the employment, working and career conditions of nursing personnel, and on the means available to them to further their economic, social and professional interests.

XV. INTERNATIONAL CO-OPERATION

67. In order to promote exchanges of personnel, ideas and knowledge, and thereby improve nursing care, member States should endeavour, in particular by multilateral or bilateral arrangements, to—
(a) harmonise training for the nursing profession without lowering standards;
(b) lay down the conditions for mutual recognition of qualifications acquired abroad;
(c) harmonise the requirements for authorisation to practice;
(d) organise nursing personnel exchange programmes.

68. (1) Nursing personnel should be encouraged to use the possibilities of training available in their own country.

(2) Where necessary or desirable, they should have the possibility of training abroad, as far as possible by way of organised exchange programmes.

69. (1) Nursing personnel training abroad should be able to obtain appropriate financial aid, on conditions to be determined by multilateral or bilateral agreements or national laws or regulations.

(2) Such aid may be made dependent on an undertaking to return to their country within a reasonable time and to work there for a specified minimum period in a job corresponding to the newly acquired qualifications, on terms at least equal to those applicable to other nationals.

70. The possibility of detachment without a break in the employment relationship may be afforded to personnel wishing to work or train abroad for a specified period.

71. (1) Foreign nursing personnel should have qualifications recognised by the competent authority as appropriate for the posts to be filled and satisfy all other conditions for the practice of the profession in the country of employment. Foreign personnel participating in organised exchange programmes may be exempted from the latter requirement.

(2) The employer should satisfy himself that foreign nursing personnel have adequate language ability for the posts concerned.

(3) Foreign nursing personnel with equivalent qualifications should have conditions of employment which are not less favourable than those of national personnel in posts involving the same duties and responsibilities.

72. (1) Recruitment of foreign nursing personnel for employment should be authorised only—

(a) if there is a lack of qualified personnel for the posts to be filled, ready to accept the conditions offered, in the country of employment;
(b) if there is no shortage of nursing personnel with the qualifications sought in the country of origin.

(2) Recruitment of foreign nursing personnel should be undertaken in conformity with the relevant provisions of the Migration for Employment Convention and Recommendation (Revised), 1949.
73. Nursing personnel employed or in training abroad should be given all necessary facilities when they wish to be repatriated.

74. As regards social security, member States should, in accordance with national practice—

(a) assure foreign nursing personnel training or working in the country equality of treatment with national personnel;

(b) participate in bilateral or multilateral arrangements designed to ensure the maintenance of the acquired rights or rights in course of acquisition of migrant nursing personnel, as well as the provision of benefits abroad.

XVI. METHODS OF APPLICATION

75. The proposed instrument may be applied by national laws or regulations, collective agreements, work rules, arbitration awards or judicial decisions, or in any other manner consistent with national practice which may be appropriate, account being taken of conditions in each country.

76. In applying the provisions of the proposed instrument member States and the organisations of employers and workers concerned should be guided to the extent possible and desirable by the suggestions concerning its practical application.

Discussion by the Conference in Plenary Sitting

The report of the Committee on Nursing Personnel and the Proposed Conclusions contained therein were discussed by the Conference in plenary sitting on 22 June 1976.

In submitting the report, Miss Nash (Government adviser, United Kingdom; Reporter of the Committee) recalled that the Committee had considered the texts submitted in Report VII (2), which had been prepared in consultation with the World Health Organisation on the basis of replies received from 53 member States to a questionnaire. Over 300 amendments had been tabled, but the Committee had tried to avoid introducing unnecessary detail into the Proposed Conclusions.

A good deal of debate had taken place on the question of the form which the instrument should take. A vote had been taken on that issue, and a substantial majority had been found to be in favour of a Recommendation rather than a Convention. However, some Government members were still of the opinion that certain of the Proposed Conclusions were capable of being included in a Convention, leaving others, possibly of greater difficulty of application, to be included in a supporting Recommendation. Member countries would be able to express further views in this respect as the further stages of consideration were undertaken.

Some Government members had sought deletion of the detailed "Suggestions concerning Application" which had been offered at the end of Report VII (2). A
formal amendment on these lines had been defeated but, since the text of the Proposed Conclusions had been substantially altered by the acceptance of numerous amendments, the Committee had asked the Office to look again at these Suggestions in the light of the discussions which had taken place and to submit a revised text for consideration in the ensuing year.

Some controversial matters had been raised. Those in the realm of industrial relations had been debated and voted upon. In line with other instruments on industrial relations, emphasis had been given in the Proposed Conclusions to the machinery for the settlement of disputes. There had been concern about matters which bore on the professional attitudes and activities of nurses but, after voting on an amendment, a provision had been retained to enable due regard to be paid to religious, moral and ethical convictions.

The Reporter considered that the discussions had produced a good document on which to base the second discussion. The Committee had shown a prevailing willingness to negotiate and compromise.

Mr. Ola (Employers' delegate, Nigeria; Vice-Chairman of the Committee) presented the views of the Employers' group.

He thanked the World Health Organisation and expressed appreciation for its assistance in the preparation of the report and for its concern for bringing international standards of health to the highest possible level.

Nobody would deny the important and vital role which nursing personnel played in the protection and improvement of the health and welfare of the community, a role which had been given due prominence in the preamble of the proposed instrument. At the same time, the needs of the community should not be forgotten, a notion which also found its place in the proposed instrument, together with the need for co-operation between governments and employers' and workers' organisations. Certain problems had been created during the discussions by the attempt to reconcile the needs of the community and the services it expects, on the one hand, with the withholding of such services by nurses, on the other. Some members of the Employers' group were opposed to Point 24 of the Proposed Conclusions, which read: "Nursing personnel should be able to refuse to perform specific duties where performance would conflict with their religious, moral or ethical convictions . . . ". While respecting such convictions, they felt that it was not appropriate to mention this right in an instrument which dealt with a specific category of workers. Since nursing personnel were expected to provide nursing care and services, refusal to perform specific duties on grounds of religious or ethical convictions totally set aside the rights of the patient and might result in his or her death.

The views of the Employers' group with regard to participation, remuneration, working time and rest periods, occupational health protection, social security and other matters had been clearly expressed in the Committee and had provided matter for substantive discussion.

The Employers' group regretted that no attempt had been made to restrict the provisions of the proposed instrument to those which were specific to the nursing profession. The result was that provisions had been picked, sometimes out of context,
from existing instruments and introduced into the Proposed Conclusions. In their
view, some of the latter were at variance with the provisions of existing instruments
and the Office should give serious consideration to this problem when it submitted a
new text for the second discussion.

The Employers' group had expressed its reservations on several Points, a few of
which were referred to specifically.

Point 29 (3) stated that “employers should provide staff and facilities for in-
service training of nursing staff at the workplace.” Mr. Ola asked what would
happen to small company clinics in industrial and commercial establishments,
employing only one or two nurses. How could such companies provide staff and
facilities for in-service training of nurses at the workplace?

Point 31 (1) stated that “the remuneration of nursing personnel should be fixed at
levels which are commensurate with their needs, qualifications, responsibilities, duties
and experience...”. To base remuneration not on efficiency and productivity but on
needs, which would certainly vary between individuals, seemed impractical to say the
least.

Point 42 (1) advocated that nursing personnel should have not less than 48 hours
of continuous weekly rest. This would place nursing personnel in a superior class to
other categories of comparable workers, bearing in mind that Article 2 of the Weekly
Rest (Industry) Convention, 1921 (No. 14) and Article 6 of the Weekly Rest
(Commerce and Offices) Convention, 1957 (No. 106) both provided for 24 hours of
continuous weekly rest.

Point 45 (2) referred to an annual paid holiday of four weeks for nursing
personnel, as against the three weeks' holiday provided for in the Holidays with Pay
Convention (Revised), 1970 (No. 132), which after six years of existence had only
been ratified by nine member States.

As to the form of the instrument, the Committee had given a clear mandate to the
Office which was reflected in the draft resolution before the Conference. The majority
of the Committee had been in favour of a Recommendation, and this was in line with
what the majority of governments had felt when they had submitted their views to the
Office. The Employers were strongly opposed to any attempt to change that decision,
particularly since no new element had been brought up which would warrant such a
step.

The Employers' group stated its objection to the inclusion of the “Suggestions
concerning Application”, which the Committee had not found it possible to
examine. They had not been convinced by the explanations given by the Office to the
effect that the Suggestions would serve to develop certain points requiring more
detailed treatment than was possible in the main text, with a view to ensuring a
maximum of flexibility in the latter's provisions. They did not consider that
“suggestions” should be formulated to act as a carpet under which all that had not
been accepted could be swept. If there were any considerations that deserved
attention, the proper place for them should be in the instrument itself. The
Employers’ group considered that this question should be examined thoroughly by
the Office and they hoped that every attempt would be made to eliminate the need for “suggestions concerning application”.

The Employers’ group was ready to accept the report and the Proposed Conclusions, as well as the resolution to place the item on the agenda of the Conference in the ensuing year, with a view to the adoption of a Recommendation.

Mr. Nyoike (Workers’ adviser, Kenya; Vice-Chairman of the Committee) seconded the motion to adopt the report of the Committee.

He pointed out that there had been complete unanimity in the Committee on the vital role played by nursing personnel in every country. All had agreed that the time had come to adopt an international instrument which would improve their conditions of work and life. The Workers’ group were concerned that the work of nursing personnel, which everyone accepted as vitally important, should be hampered by very poor conditions of work and life. Nursing personnel had suffered from past prejudices against women, because the profession was mainly staffed by women. There had also been a religious bias, as a result of which many people believed that nurses expected nothing in this world, and would get nothing in this world. That mentality had to change. The Workers’ group regarded the nursing profession as a genuine profession which required the very best society could offer in order to produce the very best results.

As regards nursing standards, it was not possible to improve the standards of the profession and ignore the basic material of that profession, the nurse herself. The first step should therefore be to improve her lot.

The text before the Conference was a compromise. It did not go as far as the Workers’ group wanted, and in some parts the text did not reflect the magnitude of the problem. Nevertheless, there had been some progress.

Mr. Nyoike pointed out that many governments had started off by wanting a very watered-down document but had changed their views as a result of the discussion. Of the 234 amendments submitted by governments, 102 had been voluntarily withdrawn by their proposers after discussion.

At the outset, many governments had made up their minds that they were going to have a Recommendation, but in the end a number of governments were convinced that there was something to be said for a Convention. The move to have a Convention rather than a Recommendation was defeated by a very narrow margin. The Workers’ group supported the position of those governments which had expressed the wish that there should be a Convention and that, when the matter came up for second discussion, there should be a text prepared by the Office which would contain the subject matter of a Convention. The Workers’ group hoped that the wisdom of time would prevail upon governments and would ensure that on the second discussion the Conference would produce a Convention supplemented by a Recommendation. There were other categories of workers, including fishermen and agricultural workers, covered by Conventions specific to them, and a Convention concerning nurses would therefore not be the first of its kind. It was not unreasonable to request that the Conference adopt a standard for nursing personnel which could be ratified by countries and given full force of law.
The Workers' group had differed from the Employers' group in the Committee when the latter had tried to reduce the effectiveness of the instrument by various amendments which would have made the text very weak.

* * *

There being no further speaker in the general discussion, and no objection having been raised, the Conference then adopted the report and the Proposed Conclusions. The Conference also adopted the resolution to place on the agenda of the next ordinary session of the Conference an item entitled "Employment and Conditions of Work and Life of Nursing Personnel".
CHAPTER II

PROPOSED TEXTS

The text of the proposed Recommendation concerning employment and conditions of work and life of nursing personnel, which is set out in this chapter, is based on the Proposed Conclusions adopted by the International Labour Conference following the first discussion at its 61st Session.

Apart from changes in presentation, some drafting changes have been introduced. During the discussion in Committee, it was suggested that the Office give further consideration to certain matters when preparing for the second discussion. These related mainly to the form of the instrument to be submitted to the next ordinary session of the Conference, to the civil liability of nursing personnel in matters arising out of the exercise of their functions, to the method of referring to the applicability to nursing personnel of Conventions on freedom of association and collective bargaining, and to the "Suggestions concerning Application" contained in the Office text initially submitted to the Conference. These matters are referred to below.

FORM OF THE INSTRUMENT

In the first report to governments on this item, containing a questionnaire, the Office suggested that it might be most appropriate for the proposed instrument to take the form of a Recommendation. Among the considerations which seemed to militate in favour of that view were, on the one hand, that some of the issues to be dealt with were both new and complex, which made flexible standards desirable, and, on the other hand, that in some respects the proposed instrument would contain provisions of detailed adaptation and application of principles laid down in existing Conventions, for which a Recommendation was normally the appropriate form.

Forty-one Governments favoured a Recommendation; ten a Convention, or a Convention and a Recommendation. Point 1 (2) of the Proposed Conclusions submitted to the Conference accordingly provided that the instrument should take the form of a Recommendation. A proposal in the Conference Committee that there should be a Convention in addition to a Recommendation was rejected by 2,546 votes to 3,040, with 76 abstentions.

At the same time, some Government members of the Conference Committee expressed the view that, in order to have as informed a consideration of the question as possible in 1977—when it would no doubt be raised again—and without prejudice to the outcome of that consideration, the Office should make suggestions concerning the possible content of a Convention to the Conference. The Employers' members
were opposed to this proposal. The Committee agreed that Governments should be informed of the problem and that their comments should be invited.

In considering the possible content of any Convention, certain basic considerations have to be borne in mind. A Convention is intended to create legal obligations enforceable by the various constitutional procedures of the ILO. This means, first, that provisions included therein should be sufficiently precise to be enforceable as an obligation; as an example, it may be open to question to what extent the provisions of Point 10, paragraphs (1) and (3), of the Proposed Conclusions, standing on their own, could be enforced. This means, secondly, that provisions included in a Convention must have sufficient acceptability as a potential obligation to permit ratification; as an example, it may be open to question whether Point 31, paragraphs (1) and (2), of the Proposed Conclusions, which establish valuable guidelines for the fixing of remuneration, are readily acceptable as formal obligations.

There is an additional issue for Governments to consider in this case. The agenda item is aimed, as in only a few previous cases—e.g. indigenous and tribal populations, teachers—to cover all main aspects of the status of a particular group of persons. In such a context, it has been accepted within the United Nations system that the resulting instrument should be adopted by or under the auspices of one organisation, even though certain of its provisions fall within the primary constitutional concerns of another, the other organisation being associated with the preparation and implementation of the instrument. It might, however, be more open to question if there were to be a short instrument adopted by one organisation which contains essentially matters falling within the primary constitutional concerns of another.

Governments may wish to consider, in the light of all relevant considerations, what points would be suitable for inclusion in a possible Convention concerning employment and conditions of work and life of nursing personnel and to indicate the result of their consideration in their reply to this report. The Office will not fail to re-examine the issue and to prepare a draft Convention if, on the basis of the comments received, it appears that a sufficiently large number of Governments are ready to support the idea of such an instrument and concur in identifying the points which should be embodied in it.

REFERENCES TO EXISTING INTERNATIONAL LABOUR STANDARDS

A considerable number of international labour Conventions and Recommendations apply to nursing personnel, and this had been made clear in Point 6 of the Proposed Conclusions adopted by the Conference. The fact is now recalled in the Preamble of the proposed Recommendation.

An amendment adopted in Committee suggested the addition to the relevant paragraph of the Preamble of an appeal to all Members to apply in practice to nursing personnel the principles contained in these standards, the subject matter of which had been enumerated.
In addition, a discussion took place in the Conference Committee regarding the inclusion of a reference to the applicability to nursing personnel of the Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87), and the Right to Organise and Collective Bargaining Convention, 1949 (No. 98). It had been generally agreed that these Conventions should be mentioned by name. One suggestion had been that this should be done in the Preamble, but it was then pointed out that the Preamble already referred to a large number of international labour standards in general terms, by subject matter, and that it would be inappropriate to mention two of the texts involved separately by name, however important they might be. One of the aims of the initial proposal was to make it clear that these Conventions applied to nursing personnel, even when such personnel were employed by the State. It was left to the Office to find an appropriate way of carrying out the intentions of the Committee in this regard.

The Office considers it to be inappropriate to include in a Preamble to a Recommendation an appeal to governments to apply in practice certain Conventions, particularly when they have been widely ratified. The most suitable way of dealing with the issue would be to embody the appeal in a separate resolution. The adoption of such a text would at the same time provide the best means of referring to the Conventions on freedom of association and collective bargaining by name. As has been pointed out, it was difficult to do so in the Preamble, and the inclusion of a separate Paragraph in the Recommendation met with the objection that a new Recommendation should not be used as a vehicle for promoting the application to a particular category of persons of two widely ratified Conventions of general scope.

The Office therefore submits a proposed resolution which refers to the applicability of certain specified Conventions and a Recommendation to nursing personnel and appeals to all Members to ensure that the provisions of these and other relevant instruments are fully applied in practice to such personnel.

The Office hopes that this will meet the intentions expressed in the Committee and invites Governments, in their replies to this report, to comment on this proposal.

PROPOSED RECOMMENDATION

I. Scope

The Office considered that it would be more logical to start with the Paragraph which states that the Recommendation applies to all nursing personnel, wherever they work. Paragraphs 1 and 2 of the proposed Recommendation are therefore based on Point 9, paragraph (1), and Point 8 of the Proposed Conclusions adopted by the Conference. Only a change in the order is involved; there is no change of substance.

III. Education and Training

Point 11, paragraph (1), of the original Office text contained in Report VII (2), proposed that "laws or regulations should prescribe the basic requirements regarding..."
nursing training . . . " As a result of an amendment adopted in Committee, it was proposed that "competent or recognised professional bodies" might also do so. This proposal, however, is inconsistent with Point 10, paragraph (3), adopted by the Committee (and now embodied in Paragraph 4, subparagraph (2) (b), of the proposed Recommendation) which proposes that the policy concerning nursing services and nursing personnel should include the adoption of laws or regulations concerning education and training for such personnel.

The Office suggests that this inconsistency could be overcome if it were to be assumed that the "competent or recognised professional bodies" could be acting in virtue of authority conferred upon them by laws or regulations.

The Office has accordingly altered the wording in Paragraph 7, subparagraph (3), of the proposed Recommendation to the effect that laws or regulations should prescribe the basic requirements regarding nursing training or should empower the competent and recognised professional bodies to do so.

IV. Practice of the Nursing Profession

When accepting Point 22 of the Proposed Conclusions—now embodied in the proposed Recommendation as Paragraph 16—regarding the civil liability of nursing personnel arising out of the exercise of their functions the Conference Committee requested the Office to consider the matter further in preparation for the second discussion. In the meantime, the Committee decided to insert a Paragraph on the subject in the proposed Recommendation. As was pointed out to the Committee, the risk of being subject to civil liability is especially great for health workers. Further, the measures taken in different countries to deal with this problem vary considerably according to the legal approaches in use in the countries concerned and the practices resulting therefrom.

The Office will reconsider the text of the proposed Paragraph when preparing the second report for the 1977 Session of the Conference in the light of any further information it may have received on the subject.

Considerable discussion took place in the Conference Committee on the conditions which should govern the exercise by nursing personnel of the right to refuse to perform specific duties where performance could conflict with their religious, moral or ethical convictions. As adopted by the Conference and embodied in Paragraph 18 of the proposed Recommendation, the text places the onus of ensuring that nursing care is provided on the nursing personnel who refuse to perform a specific duty. During discussion, doubts were expressed as to whether such an approach might not negate the purpose of permitting nursing personnel to refuse performance of certain duties. Governments may therefore wish to give special consideration to this issue.

V. Participation

During the discussion in Committee of Point 23, paragraph (2) (a), of the original Office text, an amendment was adopted defining the "qualified representatives of nursing personnel" by reference to Article 3 of the Workers' Representatives
Convention, 1971 (No. 135). This Convention, however, refers specifically to workers' representatives in the undertaking, whereas the clause in question relates to the elaboration and application of policies and general principles regarding the nursing profession, matters which are dealt with at a higher level. For that reason, it seemed scarcely appropriate to refer in this clause to the Convention in question. On the other hand, such a reference could suitably be inserted in Paragraph 19, subparagraph (2) (d), of the proposed Recommendation, which relates to the position in the employing establishment, and the Office has accordingly done so.

The purpose of the amendment originally made to clause (a) of the Office text was to ensure that it referred both to trade union representatives, namely representatives designated or elected by trade unions or by the members of such unions, and to elected representatives, namely representatives who are freely elected by the workers of the undertaking. The Office has sought to meet this point by inserting in Paragraph 19, subparagraph (2) (a), after the reference to “qualified representatives of nursing personnel”, the words “or of organisations representing them”. In subparagraph (2) (d), the reference to “nursing personnel” is completed by the words “or their representatives in the meaning of Article 3 of the Workers’ Representatives Convention, 1971”, the essential content of which has been given above.

VI. Career Development

An inconsistency had arisen, as a result of amendments adopted in Committee, between Point 29, paragraph (2), and Point 30, of the Proposed Conclusions adopted by the Conference. The first of these texts states that the facilities to be given to nursing personnel wishing to participate in programmes of continuing training might consist, among others, in the grant of “paid or unpaid educational leave”. The second text specifies that “nursing personnel should be granted paid educational leave in accordance with the Paid Educational Leave Convention, 1974”. An attempt to resolve this contradiction has been made by placing in Paragraph 24, subparagraph (2), of the proposed Recommendation the reference to paid leave in accordance with the Convention immediately after the reference to “paid or unpaid educational leave” and other possible measures, preceded by the words “whenever possible”.

VIII. Working Time and Rest Periods

Paragraph 40 of the proposed Recommendation—Point 46 of the Proposed Conclusions—which implicitly relates to compensating through shorter working time or longer rest periods for work in particularly arduous or unpleasant conditions, should be read in conjunction with Paragraph 27—Point 33 of the Proposed Conclusions—which relates to financial compensation for work in such conditions. These two provisions taken together enable compensation to be granted through any combination of additional time off and additional payments.

The Office considered it more appropriate to place Point 55, paragraphs (1) and (2), of the Proposed Conclusions, which relate primarily to maternity leave, in the Part of the proposed Recommendation dealing with working time and rest
periods rather than in the Part concerned with occupational health protection. The benefits to be granted in relation to maternity are not a matter of occupational health. This text, otherwise unaltered in substance, is included in Paragraph 42 of the proposed Recommendation.

Similarly, Point 55, paragraph (3), which deals with the application to nursing personnel of the Employment (Women with Family Responsibilities) Recommendation, 1965, is also included in Paragraph 42 of the proposed Recommendation. A small change has, however, been made by the Office, by referring to "the measures provided for" in the Recommendation in question instead of directly to the instrument itself. The object is to ensure that these measures should also apply, where appropriate, to all nursing personnel, even though the Recommendation itself applies only to women.

IX. Occupational Health Protection

Point 54, paragraph (2), of the Proposed Conclusions, which states that "nursing personnel who are unavoidably exposed to special risks should receive financial compensation" might be liable to misinterpretation, as such compensation should be given whatever the circumstances in which they are subject to this exposure to risk and not only when such exposure is unavoidable. The Office considers that it should be made clear in the first instance that nursing personnel should be exposed to special risks only when this is unavoidable. The paragraph dealing with compensation could then apply in all cases. This Point is now embodied, with the changes suggested above, in Paragraph 49 of the proposed Recommendation.

SUGGESTIONS CONCERNING APPLICATION

Report VII (2) submitted to the 61st Session of the Conference contained a number of Suggestions for the application of the Recommendation. For lack of time, the Conference was unable to examine them. The question of their deletion arose, but the proposal to omit them was defeated and it was agreed that these Suggestions should be submitted afresh to Governments for comments in the present report. The Office was invited to amend them in the light of the Committee's conclusions. The text will be further revised by the Office in the light of the comments received from governments; the text thus revised will be submitted to the Conference for consideration in 1977.

The Office has re-examined the Suggestions concerning Application and considers that the discussion in Committee calls for only a few changes of minor importance. The Suggestions fully retain their usefulness and original purpose.

They should constitute an Annex to the Recommendation.

There is little overlapping. However, the Office has eliminated Point 21 of the original Suggestions, which read as follows: "Subject to individual preferences, hours of work should be so arranged as to avoid the interruption of work by a period of non-working time which would result in the excessive length of the working day or
shift. " This Suggestion would seem to be adequately covered by Paragraph 33 of the proposed Recommendation.

There is some slight further overlapping, but the particular clauses or Suggestions concerned have been retained because they were necessary to the understanding of the text which follows.

There do not appear to be any inconsistencies between the provisions of the proposed Recommendation and the Suggestions, nor do the latter contain any proposals expressly rejected by the Conference Committee in the course of its discussions.

A few minor drafting changes have been made to bring the wording of the Suggestions into line with that of the proposed Recommendation, for instance by referring to "education" together with "training" wherever appropriate.

Governments are therefore invited to comment in their replies also on the text of the Suggestions concerning Application, which are reproduced below.

**PROPOSED RESOLUTION**

As indicated above, a proposed resolution is submitted to take care of the concern expressed in the Conference Committee about the effective application to nursing personnel of a number of international labour standards, and in particular the Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87), and the Right to Organise and Collective Bargaining Convention, 1949 (No. 98).

Governments are invited to comment on the desirability of adopting such a resolution and on its content.

**Proposed Recommendation concerning Employment and Conditions of Work and Life of Nursing Personnel**

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Sixty-third Session on 1 June 1977, and

Recognising the vital role played by nursing personnel, together with the other categories of health personnel, in the protection and improvement of the health and welfare of the population, and

Emphasising the need to expand health services through co-operation between governments and employers' and workers' organisations concerned in order to ensure the provision of nursing services appropriate to the needs of the community, and

Recognising that the public sector as an employer of nursing personnel should play a particularly active role in the improvement of conditions of employment and work of nursing personnel, and

Noting that the present situation of nursing personnel in many countries, in which there is a shortage of qualified persons and existing staff is not always utilised to best effect, is an obstacle to the development of effective health services, and
Recalling that nursing personnel are covered by many international labour
Conventions and Recommendations laying down general standards concern­
ing employment and conditions of work, such as instruments on discrimina­
tion, on freedom of association and the right to bargain collectively, on
voluntary conciliation and arbitration, on hours of work, holidays with pay
and paid educational leave, on social security and welfare facilities, and on
maternity protection and the protection of workers’ health, and

Considering that the special conditions in which nursing is carried out make it
desirable to supplement the above-mentioned general standards by standards
specific to nursing personnel, designed to enable them to enjoy a status
_corresponding to their role in the field of health and acceptable to them, and

Noting that the following standards have been framed in co-operation with the
World Health Organisation and that there will be continuing co-operation
with that Organisation in promoting and securing the application of these
standards, and

Having decided upon the adoption of certain proposals with regard to employ­
ment and conditions of work and life of nursing personnel, which is the sixth
item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommenda­
tion,

adopts this day of June of the year one thousand nine hundred and
seventy-seven the following Recommendation, which may be cited as the Nursing
Personnel Recommendation, 1977:

I. SCOPE

1. This Recommendation applies to all nursing personnel, wherever they work.

2. For the purpose of this Recommendation, the term “nursing personnel”
includes all categories of persons providing nursing care and services.

3. The competent authority may, after consultation with the organisations
representing nursing personnel and the employers concerned, where such organisa­
tions exist, establish special rules concerning voluntary nursing personnel; these rules
should not derogate from the provisions of this Recommendation concerning
education and training, the practice of the profession and occupational health
protection.

II. POLICY CONCERNING NURSING SERVICES
AND NURSING PERSONNEL

4. (1) Each Member should adopt and apply a policy concerning nursing services
and nursing personnel designed, within the framework of a general health pro­
gramme and within the resources available for health care as a whole, to provide the
quantity and quality of nursing care necessary for attaining the highest possible level
of health for the population.

(2) The said policy should—
(a) be co-ordinated with policies relating to other aspects of health care, and to
other health personnel, in consultation with representatives of the latter;
(b) include the adoption of laws or regulations concerning education and training
for and the practice of the nursing profession and the adaptation of such laws or
regulations to developments in the qualifications and responsibilities required of
nursing personnel to meet all calls for nursing services;
(c) include measures—

(i) to facilitate the effective utilisation of nursing personnel in the country as a whole; and

(ii) to promote the fullest use of the qualifications of nursing personnel in the employing establishment; and

(d) be formulated in consultation with the employers’ and workers’ organisations concerned.

5. (1) Measures should be taken, in consultation with the organisations representing nursing personnel and the employers concerned, to establish a rational nursing personnel structure by classifying nursing personnel in a limited number of categories determined by reference to education and training, level of functions and authorisation to practice.

(2) Such a structure may include the following categories, in accordance with national practice:

(a) professional nurses, having the education and training recognised as necessary for assuming highly complex and responsible functions, and authorised to perform them;

(b) auxiliary nurses, having at least the education and training recognised as necessary for assuming less complex functions, under the supervision of a professional nurse as appropriate, and authorised to perform them;

(c) nursing aides, having education and/or on-the-job training enabling them to perform specified tasks under the supervision of a professional or auxiliary nurse.

6. (1) The functions of nursing personnel should be classified according to the level of judgement required, the authority to take decisions, the complexity of the relationship with other functions, the level of technical skill required, and the level of responsibility for the quality and quantity of nursing services provided.

(2) The resulting classification should be used to ensure greater uniformity of employment structure in the various establishments, areas and sectors employing nursing personnel.

(3) In no circumstances should a lower category of nursing personnel be used as substitute for a higher.

III. EDUCATION AND TRAINING

7. (1) Measures should be taken to provide the necessary information and guidance on the nursing profession to persons wishing to take up nursing as a career.

(2) Where appropriate, basic nursing education should be conducted in educational institutions within the framework of the general education system of the country at a level similar to that of comparable professional groups.

(3) Laws or regulations should prescribe the basic requirements regarding nursing training and provide for the supervision of such training, or should empower the competent authority or competent and recognised professional bodies to do so.

(4) Nursing education and training should be organised by reference to recognised community needs, taking account of resources available in the country, and should be co-ordinated with the education and training of other categories of health personnel.
8. (1) Nursing education and training should include both theoretical and practical training in conformity with an officially recognised programme.

(2) Practical training should be given in approved preventive, curative and rehabilitation services, under the supervision of qualified nurses.

9. (1) The duration of basic nursing education and training should be related to the minimum educational requirements for entry to training and to the purposes of training.

(2) There should be two levels of approved basic education and training—

(a) an advanced level, designed to train professional nurses having sufficiently wide and thorough skills to enable them to provide the most complex nursing care and to organise and evaluate nursing care, in hospitals and public health services; as far as possible, students accepted for training at this level should have the background of general education required for entry to universities;

(b) a less advanced level, designed to train auxiliary nurses able to provide general nursing care which is less complex but which requires technical skills and aptitude for personal relations; students accepted for training at this level should have attained as advanced a level as possible of secondary education.

10. There should be programmes of higher nursing education to prepare nursing personnel for the highest responsibilities in nursing care, in the administration of nursing services, in teaching and in research.

11. Nursing aides should be given training appropriate to their functions.

12. (1) Programmes of continuing education should be an integral part of the training programme and be available to all so as to ensure the updating and upgrading of knowledge and skills and to enable nursing personnel to acquire and apply new ideas and techniques in the field of nursing and related sciences.

(2) Planning for continuing nursing education should include provision for programmes which would facilitate re-entry into nursing.

IV. PRACTICE OF THE NURSING PROFESSION

13. The laws or regulations concerning the practice of the nursing profession should—

(a) specify the requirements for the practice of the nursing profession as professional nurse or as auxiliary nurse and, where the possession of certificates attesting the attainment of the required level of training does not automatically imply the right to practise the profession, empower a body including representatives of nursing personnel to grant licences;

(b) limit the practice of the profession to duly authorised persons;

(c) be reviewed and updated, as necessary, in accordance with current advances and practices in the profession.

14. The standards concerning nursing practice should be co-ordinated with those concerning the practice of other health professions.

15. (1) Nursing personnel should not be assigned to work which goes beyond their qualifications and competence.

(2) Where individuals are not qualified for work on which they are already employed, they should be trained as quickly as possible to obtain the necessary qualifications, and their preparation for these qualifications should be facilitated.
16. Consideration should be given to the measures which may be called for by the problem of civil liability of nursing personnel arising from the exercise of their functions.

17. Any disciplinary rules applicable to nursing personnel should be determined with the participation of representatives of nursing personnel and should guarantee such personnel a fair judgement and adequate appeal procedures, including the right to be represented by persons of their choice at all levels.

18. Nursing personnel should be able to refuse to perform specific duties where performance would conflict with their religious, moral or ethical convictions—subject to informing their supervisor in good time and being satisfied that nursing care is ensured—without being penalised.

V. Participation

19. (1) Measures should be taken to promote the participation of nursing personnel in the planning and decisions concerning them, at all levels, in a manner appropriate to national conditions.

(2) In particular—

(a) qualified representatives of nursing personnel, or of organisations representing them, should be associated with the elaboration and application of policies and general principles regarding the nursing profession, including those regarding education and training and the practice of the profession;

(b) conditions of employment and work should be determined by negotiation between the organisations representing nursing personnel and the employers;

(c) appropriate joint machinery, such as mediation, conciliation and voluntary arbitration, should be available to representative organisations of nursing personnel for dealing with the settlement of disputes arising out of terms and conditions of employment, with a view to making it unnecessary for nursing personnel to have recourse to such other steps as are normally open to organisations of other workers in the defence of their legitimate interests;

(d) in the employing establishment, nursing personnel or their representatives in the meaning of Article 3 of the Workers' Representatives Convention, 1971, should be associated with decisions relating to their professional life, in a manner appropriate to the questions at issue.

20. Representatives of nursing personnel should be assured the protection provided for in the Workers' Representatives Convention and Recommendation, 1971.

VI. Career Development

21. (1) Measures should be taken to give nursing personnel reasonable career prospects by providing for a sufficiently varied and open range of possibilities of professional advancement, leadership positions in administration, education and research and a remuneration structure giving adequate reward for the acceptance of increased responsibilities and of functions which are technically more difficult.

(2) These measures should also give recognition, through remuneration, to the importance of functions involving direct relations with patients and the public.

22. Measures should be taken to give nursing personnel advice and guidance on career prospects, including advice and guidance on re-entry into the profession after a period of interruption.
23. In determining the level at which nursing personnel re-entering the profession after an interruption of its practice should be employed, account should be taken of previous nursing experience and the duration of the interruption.

24. (1) Nursing personnel wishing to participate in programmes of continuing training and capable of doing so should be given the necessary facilities.

(2) These facilities might consist in the grant of paid or unpaid educational leave, adaptation of hours of work, and payment of study or training costs; wherever possible, nursing personnel should be granted paid educational leave in accordance with the Paid Educational Leave Convention, 1974.

(3) Employers should provide staff and facilities for in-service training of nursing personnel at the workplace.

VII. REMUNERATION

25. (1) The remuneration of nursing personnel should be fixed at levels which are commensurate with their needs, qualifications, responsibilities, duties and experience, which take account of the constraints and hazards inherent in the profession, and which are likely to attract persons to the profession and retain them in it.

(2) Levels of remuneration should bear comparison with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities.

(3) Levels of remuneration for nursing personnel having similar or equivalent duties and working in similar or equivalent conditions should be comparable, whatever the establishments or sectors in which they work.

(4) Remuneration should be adjusted from time to time to take into account variations in the cost of living and rises in the national standard of living.

(5) The remuneration of nursing personnel should preferably be fixed by collective agreement.

26. Scales of remuneration should take account of the classification of functions and responsibilities recommended in Paragraphs 5 and 6 and of the principles of career policy set out in Paragraph 21 of this Recommendation.

27. Nursing personnel who work in particularly arduous or unpleasant conditions should receive financial compensation for this.

28. (1) Remuneration should be payable entirely in money.

(2) Deductions from wages should be permitted only under conditions and to the extent prescribed by national laws or regulations or fixed by collective agreement or arbitration award.

(3) Nursing personnel should be free to decide whether or not to use the services provided by the employer.

29. Work clothing, medical kits, transport facilities and other supplies required by the employer or necessary for the performance of the work should be provided by the employer to nursing personnel and maintained free of charge.

VIII. WORKING TIME AND REST PERIODS

30. For the purpose of this Recommendation—

(a) the term "normal hours of work" means the number of hours fixed in each country by or in pursuance of laws or regulations, collective agreements or arbitration awards;
(b) the term "overtime" means hours worked in excess of normal hours of work;
(c) the term "on-call duty" means periods of time during which nursing personnel are at the disposal of the employer, at the workplace or not, in order to respond to possible calls;
(d) the term "inconvenient hours" means hours worked on other than the normal working days and at other than the normal working time of the country.

31. The time during which nursing personnel are at the disposal of the employer—such as the time needed to organise their work and the time needed to receive and to transmit instructions—should be counted as working time for nursing personnel, subject to possible special provisions concerning on-call duty.

32. (1) The normal weekly hours of work of nursing personnel should not be higher than those set in the country concerned for workers in general.
(2) Where the normal working week of workers in general exceeds 40 hours, steps should be taken to bring it down to that level as rapidly as possible for nursing personnel, without any reduction in salary, in accordance with Paragraph 9 of the Reduction of Hours of Work Recommendation, 1962.

33. (1) Normal daily hours of work should be continuous and not exceed eight hours, except where arrangements are made by collective agreements for flexible hours or a compressed week; in any case, the normal working week should remain within the limits referred to in Paragraph 32, subparagraph (1), above.
(2) The working day, including overtime, should in no case exceed 12 hours.
(3) Temporary exceptions to the provisions of this Paragraph should be authorised only in case of special emergency.

34. (1) There should be meal breaks of reasonable duration.
(2) There should be rest breaks of reasonable duration, included in the normal hours of work.

35. Nursing personnel should have sufficient notice of working schedules to enable them to organise their personal and family life accordingly.

36. (1) Where nursing personnel are entitled to less than 48 hours of continuous weekly rest, steps should be taken to bring their weekly rest to that level.
(2) The weekly rest of nursing personnel should in no case be less than 36 uninterrupted hours.

37. (1) There should be as little recourse to overtime work, work at inconvenient hours and on-call duty as possible.
(2) Overtime and work on public holidays should be compensated, either in time off or in remuneration, at a higher rate than the normal salary rate.
(3) Work at inconvenient hours other than public holidays should be compensated by an addition to salary.

38. (1) Shift work should be compensated by an increase in salary which should not be less than that applicable to shift work in other employment in the country.
(2) Nursing personnel assigned to shift work should have a period of continuous rest of at least 12 hours between shifts.
(3) A single shift of duty divided by a period of unremunerated time (split shift) should be avoided.
39. (1) Nursing personnel should be entitled to, and required to take, a paid annual holiday of at least the same length as other workers in the country.

(2) Where the length of the paid annual holiday is less than four weeks for one year of service, steps should be taken to bring it to that level as rapidly as possible for nursing personnel.

40. Nursing personnel who work in particularly arduous or unpleasant conditions should receive adequate compensation.

41. (1) Nursing personnel absent from work by reason of illness or injury should be entitled, for a period and in a manner determined by laws or regulations or by collective agreements, to—

(a) maintenance of the employment relation and of rights deriving therefrom;

(b) income security.

(2) The laws or regulations, or collective agreements, establishing sick leave entitlement should distinguish between—

(a) cases in which the illness or injury is service-incurred;

(b) cases in which the person concerned is not incapacitated for work but absence from work is necessary to protect the health of others;

(c) cases of illness or injury unrelated to work.

42. (1) Nursing personnel, without distinction between married and unmarried persons, should be assured the benefits and protection provided for in the Maternity Protection Convention (Revised), 1952 and the Maternity Protection Recommendation, 1952.

(2) Maternity leave should not be considered to be sick leave.

(3) The measures provided for in the Employment (Women with Family Responsibilities) Recommendation, 1965, should be applied in respect of nursing personnel.

43. In accordance with Paragraph 19 above, decisions concerning the organisation of work, working time and rest periods should be taken in agreement or in consultation with freely chosen representatives of the nursing personnel or with organisations representing them. They should bear, in particular, on—

(a) the determination of the hours to be regarded as inconvenient hours;

(b) the conditions in which on-call duty will be counted as working time;

(c) the conditions in which the exceptions provided for in Paragraph 33, subparagraph (3), will be authorised;

(d) the length of the breaks provided for in Paragraph 34 and the manner in which they are to be taken;

(e) the modalities of payment of the compensation provided for in Paragraphs 37 and 38;

(f) the determination of working schedules.

IX. OCCUPATIONAL HEALTH PROTECTION

44. Each Member should endeavour to adapt laws and regulations on occupational health and safety to the special nature of nursing work and of the environment in which it is carried out, and to increase the protection afforded by them.

45. (1) Nursing personnel should have access to occupational health services operating in accordance with the provisions of the Occupational Health Services Recommendation, 1959.
(2) Where occupational health services have not yet been set up for all undertakings, medical care establishments employing nursing personnel should be among the undertakings for which, in accordance with Paragraph 4 of that Recommendation, such services should be set up in the first instance.

46. (1) Each Member and the employers’ and workers’ organisations concerned should pay particular attention to the provisions of the Protection of Workers’ Health Recommendation, 1953, and endeavour to ensure its application to nursing personnel.

(2) All appropriate measures should be taken in accordance with Paragraphs 1 to 7 of that Recommendation to prevent, reduce or eliminate risks to the health or safety of nursing personnel.

47. (1) Nursing personnel should undergo medical examinations on taking up and terminating an appointment, and at regular intervals during their service.

(2) Nursing personnel regularly assigned to work involving special risks should undergo examinations during their service more frequently than nursing personnel in general.

(3) Objectivity and confidentiality should be assured in examinations provided for in this Paragraph; the examinations referred to should not be carried out by doctors with whom the persons examined have a close working relationship.

48. (1) Studies should be undertaken—and kept up to date—to determine special risks to which nursing personnel may be exposed in the exercise of their profession so that these risks may be prevented and, as appropriate, compensated.

(2) For that purpose, cases of occupational accidents and cases of diseases recognised as occupational under laws or regulations concerning employment injury benefits, or liable to be occupational in origin, should be notified to the competent authority, in a manner to be prescribed by national laws or regulations, in accordance with Paragraphs 14 to 17 of the Protection of Workers’ Health Recommendation, 1953.

49. (1) Nursing personnel should be exposed to special risks only when this is unavoidable.

(2) Measures such as shorter hours, more frequent rest breaks or longer annual holidays should be provided for as regards nursing personnel regularly assigned to duties involving special risks so as to reduce their exposure to these risks.

(3) In addition, nursing personnel who are exposed to special risks should receive financial compensation.

50. Pregnant women and parents of young children whose normal assignment could be prejudicial to their health or that of their child should be transferred, without loss of entitlements, to work appropriate to their situation.

51. The collaboration of nursing personnel and of organisations representing them should be sought in ensuring the effective application of provisions concerning the protection and safety of nursing personnel.

52. Appropriate measures should be taken for the supervision of the application of the laws and regulations and other provisions concerning the protection of the health and safety of nursing personnel.
X. SOCIAL SECURITY

53. (1) Nursing personnel should enjoy social security protection at least equivalent, as the case may be, to that of other persons employed in the public service, employed in the private sector, or self-employed, in the country concerned. This protection should cover periods of probation and periods of training of persons regularly employed as nursing personnel.

(2) The social security protection of nursing personnel should take account of the particular nature of their activity.

54. As far as possible, appropriate arrangements should be made to ensure continuity in the acquisition of rights and the provision of benefits in case of change of employment and temporary cessation of employment.

55. (1) Where the social security scheme gives protected persons the free choice of doctor and medical institution, nursing personnel should enjoy the same freedom of choice.

(2) The medical records of nursing personnel should be confidential.

56. National laws or regulations should make possible the compensation, as an occupational disease, of any illness contracted by nursing personnel as a result of their work.

XI. SPECIAL EMPLOYMENT ARRANGEMENTS

57. With a view to making the most effective use of available nursing personnel and to preventing the withdrawal of qualified persons from the profession, measures should be taken to make possible temporary and part-time employment, on terms acceptable to the personnel.

58. The conditions of employment of temporary and part-time nursing personnel should be equivalent to those of permanent and full-time staff respectively, their entitlements being, as appropriate, calculated on a pro-rata basis.

XII. NURSING STUDENTS

59. Nursing students should enjoy the rights and freedoms of students in other disciplines, subject only to limitations which are essential for their education and training.

60. (1) Practical work of nursing students should be organised and carried out by reference to their training needs. It should in no case be used as a means of meeting normal staffing requirements.

(2) During their practical work, nursing students should only be assigned tasks which correspond to their level of preparation.

(3) Throughout their education and training, nursing students should have the same health and legal protection as nursing personnel.

61. During their education and training, nursing students should receive precise and detailed information on the employment, working and career conditions of nursing personnel, and on the means available to them to further their economic, social and professional interests.
XIII. INTERNATIONAL CO-OPERATION

62. In order to promote exchanges of personnel, ideas and knowledge, and thereby improve nursing care, Members should endeavour, in particular by multilateral or bilateral arrangements, to—

(a) harmonise training for the nursing profession without lowering standards;
(b) lay down the conditions of mutual recognition of qualifications acquired abroad;
(c) harmonise the requirements for authorisation to practice;
(d) organise nursing personnel exchange programmes.

63. (1) Nursing personnel should be encouraged to use the possibilities of training available in their own country.

(2) Where necessary or desirable, they should have the possibility of training abroad, as far as possible by way of organised exchange programmes.

64. (1) Nursing personnel training abroad should be able to obtain appropriate financial aid, on conditions to be determined by multilateral or bilateral agreements or national laws or regulations.

(2) Such aid may be made dependent on an undertaking to return to their country within a reasonable time and to work there for a specified minimum period in a job corresponding to the newly acquired qualifications, on terms at least equal to those applicable to other nationals.

65. Consideration should be given to the possibility of detaching personnel wishing to work or train abroad for a specified period, without break in the employment relation.

66. (1) Foreign nursing personnel should have qualifications recognised by the competent authority as appropriate for the posts to be filled and satisfy all other conditions for the practice of the profession in the country of employment. Foreign personnel participating in organised exchange programmes may be exempted from the latter requirement.

(2) The employer should satisfy himself that foreign nursing personnel have adequate language ability for the posts to be filled.

(3) Foreign nursing personnel with equivalent qualifications should have conditions of employment which are not less favourable than those of national personnel in posts involving the same duties and responsibilities.

67. (1) Recruitment of foreign nursing personnel for employment should be authorised only—

(a) if there is a lack of qualified personnel for the posts to be filled, ready to accept the conditions offered, in the country of employment;
(b) if there is no shortage of nursing personnel with the qualifications sought in the country of origin.

(2) Recruitment of foreign nursing personnel should be undertaken in conformity with the relevant provisions of the Migration for Employment Convention and Recommendation (Revised), 1949.

68. Nursing personnel employed or in training abroad should be given all necessary facilities when they wish to be repatriated.
69. As regards social security, Members should, in accordance with national practice—
(a) assure to foreign nursing personnel training or working in the country equality of treatment with national personnel;
(b) participate in bilateral or multilateral arrangements designed to ensure the maintenance of the acquired rights or rights in course of acquisition of migrant nursing personnel, as well as the provision of benefits abroad.

XIV. METHODS OF APPLICATION

70. This Recommendation may be applied by national laws or regulations, collective agreements, work rules, arbitration awards or judicial decisions, or in any other manner consistent with national practice which may be appropriate, account being taken of conditions in each country.

71. In applying the provisions of this Recommendation, Members and the employers’ and workers’ organisations concerned should be guided to the extent possible and desirable by the suggestions concerning its practical application set forth in the Annex.

ANNEX

SUGGESTIONS CONCERNING APPLICATION

POLICY CONCERNING NURSING SERVICES AND NURSING PERSONNEL

1. Sufficient budgetary provision should be made to permit the attainment of the objectives of the national policy concerning nursing services and nursing personnel.

2. (1) Requirements regarding nursing services and nursing personnel should be planned on the basis of precise information and technical standards appropriate to national conditions.

   (2) In particular, measures should be taken to—

   (a) establish adequate nursing standards;
   (b) specify the nursing functions called for by the recognised needs;
   (c) determine the staffing standards for the adequate composition of nursing teams as regards the number and qualifications required at the various levels and in the various categories;
   (d) determine on that basis the categories, number and level of personnel required for the development of nursing services as a whole and for the effective utilisation of personnel in the employing establishment;
   (e) determine, in consultation with the representatives of those concerned, the relationship between nursing personnel and other categories of health personnel.

3. The policy concerning nursing services and nursing personnel should aim at developing four types of function of nursing personnel: direct and supportive nursing care; the administration of nursing services; nursing education; and nursing research.

4. Appropriate technical and material resources should be provided for the proper exercise of the tasks of nursing personnel.

1 Owing to lack of time, these Suggestions were not discussed by the Committee of the Conference at its Sixty-first Session; however, the Conference agreed that they should be submitted to Governments for comment in the present report. (See para. 319 of the report of the Committee on Nursing Personnel and page 81 above.)
5. The classification of functions recommended in Paragraph 5 of the Recommendation should be based on an analysis of jobs and an evaluation of functions made in consultation with organisations representing nursing personnel, the employers concerned, and persons benefiting from nursing services.

**Education and Training**

6. Where the educational possibilities of large sections of the population are limited, measures should be taken within the programmes of nursing education and training to supplement the general education of students who have not attained the level required in accordance with Paragraph 9 of the Recommendation.

7. Programmes of nursing education and training should provide a basis for access to education and training for higher responsibilities, create a desire for self-improvement, and prepare students to apply their knowledge and skills as members of the health team.

**Practice of the Nursing Profession**

8. (1) In conditions to be determined, the renewal of an authorisation to practice the nursing profession may be required.

   (2) Such renewal might be made subject to requirements of continuing education and training, where this is considered necessary to ensure that authorised nursing personnel remain fully qualified.

9. Re-entry into the profession after an interruption in its practice should be made subject, in specified circumstances, to verification of qualifications.

10. (1) Any rules of discipline applicable to nursing personnel should include—

    (a) a definition of breach of professional conduct taking account of the nature of the profession and of such standards of professional ethics as may be applicable thereto;

    (b) an indication of the sanctions applicable, which should be proportional to the gravity of the fault.

   (2) Any rules of discipline applicable to nursing personnel should be laid down in the framework of rules applicable to health personnel as a whole or, where there are no such rules, should take due account of rules applicable to other categories of health personnel.

**Career Development**

11. Where the possibilities of professional advancement are limited as a result of the manner in which nursing services in general are conceived, measures might be taken to facilitate access to medical studies.

12. (1) Measures should be taken to establish systems of hierarchical classification and of scales of remuneration which provide possibilities of professional advancement on the basis of the classification of the level of functions envisaged in Paragraph 6 of the Recommendation.

   (2) These systems should be sufficiently open to provide an incentive for nursing personnel to pass from one level to another.

   (3) The promotion of nursing personnel should be facilitated on the basis of equitable criteria and take account of experience and demonstrated ability.

13. Increases in remuneration should be provided for, at every level, by reference to the development of experience and ability.

14. (1) Measures should be taken to encourage nursing personnel to make the greatest possible use of their knowledge and their qualifications in their work.

---

1 All references to the Recommendation relate to the proposed text of the Nursing Personnel Recommendation, 1977.
(2) The responsibilities effectively assumed by nursing personnel and the competence shown by them should be continuously reviewed so as to ensure remuneration and possibilities of advancement or promotion corresponding thereto.

15. (1) Periods of paid educational leave should be assimilated to periods of work for the purpose of entitlements to social benefits and other rights deriving from the employment relationship.

(2) As far as possible, periods of unpaid educational leave for the purposes of additional education and training should be taken into consideration in the calculation of seniority, particularly as regards remuneration and pension rights.

**Remuneration**

16. Pending the attainment of levels of remuneration comparable with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities, measures should be taken, where necessary, to bring remuneration as rapidly as possible to a level which will attract nursing personnel to the profession and retain them in it.

17. (1) Additions to salary and compensatory payments which are granted on a regular basis should be regarded as an integral part of remuneration for the calculation of holiday pay, pensions and other social benefits.

(2) Their amount should be periodically reviewed in the light of changes in the cost of living.

**Working Time and Rest Periods**

18. (1) In the organisation of hours of work, every effort should be made, subject to the requirements of the service, to allocate shift work, overtime work and work at inconvenient hours equitably between nursing personnel, and in particular between permanent and temporary and between full-time and part-time personnel, and to take account as far as possible of individual preferences and of special considerations regarding such matters as climate, transportation and family responsibilities.

(2) The organisation of hours of work for nursing personnel should be based on the need for nursing services rather than subordinated to the work pattern of other health service personnel.

19. (1) Appropriate measures to limit the need for overtime, for work at inconvenient hours and for on-call duty should be taken in the organisation of work, in determining the number and use of staff and in scheduling hours of work. In particular, account should be taken of the need for replacing nursing personnel during absences or leave authorised by laws or regulations or collective agreements, so that the personnel which is present will not be overburdened.

(2) Overtime should be worked on a voluntary basis, except in emergency situations in which the life of patients is in danger.

20. The notice of working schedules provided for in Paragraph 35 of the Recommendation should be given at least two weeks in advance.

21. Any period of on-call duty during which nursing personnel are required to remain at the workplace or the services of nursing personnel are actually used should be fully regarded as working time and remunerated as such.

22. (1) Nursing personnel should be free to take their meals in places of their choice.

(2) They should be able to take their rest breaks at a place other than their workplace.

23. The time at which the annual holiday is to be taken should be determined on an equitable basis, due account being taken of individual preferences.
OCCUPATIONAL HEALTH PROTECTION

24. Nursing personnel in respect of whom special measures such as those envisaged in Paragraphs 47, subparagraph (2), 49 and 50 of the Recommendation should be taken should include, in particular, personnel regularly exposed to ionising radiations or to anaesthetic substances and personnel in contact with infectious diseases or mental illness.

25. Nursing personnel regularly exposed to ionising radiations should, in addition, enjoy the protection of the measures provided for in the Radiation Protection Convention and Recommendation, 1960.

26. Work to which pregnant women or mothers of young children should not be assigned should include—
(a) in the case of pregnant women, and up to three months after confinement or while the woman is nursing her child, any work involving heavy weight lifting, pulling or pushing or requiring undue physical strain;
(b) work involving exposure to ionising radiations or anaesthetic substances or involving contact with infectious diseases.

SOCIAL SECURITY

27. In order to ensure continuity in the acquisition of rights and the provision of benefits, as provided in Paragraph 54 of the Recommendation, steps should be taken to co-ordinate such private supplementary schemes as exist with each other and with statutory schemes.

28. In order to ensure that nursing personnel receive the compensation for illnesses contracted as a result of their work provided for in Paragraph 56 of the Recommendation, Members should, by laws or regulations—
(a) prescribe a list establishing a presumption of occupational origin in respect of certain diseases when they are contracted by nursing personnel, and revise the list periodically in the light of scientific and technical developments affecting nursing personnel;
(b) complement that list by a general definition of occupational diseases or by other provisions enabling nursing personnel to establish the occupational origin of diseases not presumed to be occupational in virtue of the list.

INTERNATIONAL CO-OPERATION

29. The financial aid given to nursing personnel training abroad might include, as appropriate—
(a) payment of travel expenses;
(b) payment of the cost of training;
(c) scholarships;
(d) continuation of full or partial remuneration, in the case of nursing personnel already employed.

30. As far as possible, periods of leave or detachment for training or work abroad should be taken into consideration in the calculation of seniority, particularly as regards remuneration and pension rights.

Proposed Resolution concerning the Application of Certain International Labour Standards to Nursing Personnel

The General Conference of the International Labour Organisation,

Recalling that nursing personnel are covered by many international labour Conventions and Recommendations laying down general standards concerning employment and conditions of work,
Noting, in particular, that—

(a) the Freedom of Association and Protection of the Right to Organise Convention, 1948, covers "workers and employers without distinction whatsoever", and that the exclusion of public servants from the Right to Organise and Collective Bargaining Convention, 1949, relates only to those engaged in the administration of the State;

(b) the Discrimination (Employment and Occupation) Convention, 1958, is designed to promote equality of opportunity and treatment in every employment and occupation, and that the Equal Remuneration Convention, 1951, is designed to promote the application "to all workers" of the principle of equal remuneration;

(c) the Reduction of Hours of Work Recommendation, 1962, excludes from its scope only agriculture, maritime transport and maritime fishing, that the Holidays with Pay Convention (Revised), 1970, applies "to all employed persons, with the exception of seafarers" and that the Paid Educational Leave Convention, 1974, is general in scope;

(d) the Employment Injury Benefits Convention, 1964, covers all employees, the exclusion of public servants being possible only where they are covered by schemes providing equivalent benefits, and that the scope of the Maternity Protection Convention (Revised), 1952, expressly includes "establishments for the treatment and care of the sick [and] infirm";

Appeals to all Members to ensure that the provisions of these and other relevant instruments are fully applied in practice to nursing personnel.